FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name
ADVANTAGE INSURANCE MANAGEMENT SERVICES, INC.

DOCUMENT # G06573 (1)

Mailing Address
1069 W MORSE BLVD
WINTER PARK FL 32789

Principal Place of Business
1069 W MORSE BLVD
WINTER PARK FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 11/01/1982
Date of Last Report: 02/09/94

21 Mailing Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Principal Place of Business
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

FEI Number: 26-3520426 Applied For ☐ Not Applicable

Certificate of Status Desired $8.75 ☐

Nonprofit Exempt from $138.75 Supplemental Fee ☐

$5.00 May Be Added to Fees

This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

DRAPER, J J
1069 W MORSE BLVD
WINTER PARK FL 32789

Name and Address of New Registered Agent

81 Name
82 Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when changing

OFFICERS AND DIRECTORS

31 TITLE	P/D	41 TITLE	
32 NAME	DRAPER, JJ	42 NAME	
33 STREET ADDRESS	1069 W MORSE BLVD	43 STREET ADDRESS	
34 CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
35 TITLE		45 TITLE	
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY-ST-ZIP		48 CITY-ST-ZIP	
39 TITLE		49 TITLE	
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY-ST-ZIP		52 CITY-ST-ZIP	
43 TITLE		53 TITLE	
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY-ST-ZIP		56 CITY-ST-ZIP	
47 TITLE		57 TITLE	
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	

800001492468
-05/17/95--01179--005
****200.00 ****200.00

DP
5-1-95

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 32 or Block 33 if changed, if in attachment.

J. J. Draper J. J. DRAPER 04/27/95 407/740-8856