

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 3-15-96

2075 C

DOCUMENT # **G17149 (7)**

1. Corporation Name

**INSURANCE ASSOCIATES, INC.**



Principal Place of Business: **5207 S ATLANTIC AVE #1025 NEW SMYRNA BEACH FL 32169-9166**  
Mailing Address: **5207 S ATLANTIC AVE #1025 NEW SMYRNA BEACH FL 32169-9166**

3. Date Incorporated or Qualified: **12/30/1982**  
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2244902**  
Applied For:   
Not Applicable:

Suite, Apt. #, etc.: **22**  
City & State: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KAYEA, RAYMOND F. JR.  
5207 S ATLANTIC AVE  
#1025  
NEW SMYRNA BEACH FL 32169**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PS</b> <input type="checkbox"/> DELETE	NAME: <b>KAYEA, RAYMOND F J</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>5207 S ATLANTIC AVE #1025</b>	CITY-STATE-ZIP: <b>NEW SMYRNA BEACH FL</b>	1.2 NAME:	
		1.3 STREET ADDRESS:	
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>SCHRENKER, JOHN</b>	1.4 CITY-STATE-ZIP:	
STREET ADDRESS: <b>3404 CALUMET DR</b>	CITY-STATE-ZIP: <b>ORLANDO FL</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-STATE-ZIP:	

14. I do 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Raymond F. Kayea, Jr.* **RAYMOND F. KAYEA, JR.** 1/19/96 404 428-7837

CR2E034 (12/95)