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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham



| INSURANCE ASSOCIATES, INC.  Principal Place of Business Mailing Address  |  |   |  |   |   |  |  |  |                         |                            |                        |                           |                    |                 |                                    |   |  |
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|  | rna Beach  | FL 32169-9166   |  | #102<br>NEW   | smyrna be/  | ACH FL 321   | 169-9166   | 6  | 3.                      | Date Inco                  | proprated              | or Qualifie               | od 13              | a. Date         | oflas                              | Report                                  |  |
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| Principal Pla  | ace of Busine  | ess   |  | ٦ `   | g Address   |  |  |  | 4.                      | FEI Num                    |                        | 300                       |                    |                 |                                    | Applied                                 |  |
| Suite, Apt. #  | #. etc.  | ···-  | 26   |   | Apt. #, etc.  |  |  |  |                         |                            | 22449                  |                           |                    | -               | \$8                                | Not Ap<br>75 Addi                       |  |
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| City & State   |  |   |  | City &  | State   |  |  |  | 6.                      |                            |                        | Financing                 |                    | 7               |                                    | .00 Ma                                  |  |
| Zip :  | ·  | Country   | 2,8  | Pl<br>Zip   |   | T Cou  | untry  |  | 8.                      |                            | oration h              | as liability              | · ·-               |                 |                                    | ded to Fe                               |  |
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|  | A, RAYMOI  |   |  |   |   |  | 82   | Street Add   | ldress (P.              | O. Box N                   | umber is l             | Not Accep                 | table)             |                 |                                    | *************************************** |  |
|  | s atlanti  | U AVE   |  |   |   |  | 83   | · · · · · ·  |                         |                            |                        |                           |                    |                 |                                    |   |  |
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