

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H31074 (8)

1. Corporation Name
INSURANCE SOLUTIONS, INC.



Principal Place of Business
4494 SOUTHSIDE BLVD.
SUITE 100
JACKSONVILLE FL 32216-5401

Mailing Address
4494 SOUTHSIDE BLVD.
SUITE 100
JACKSONVILLE FL 32216-5401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/19/1984

3a. Date of Last Report
02/14/1995

4. FEI Number
59-2469332

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

OLMSTED CHARLES T
1670 BEACH AVENUE
ATLANTIC BEACH FL 32233

81 Name Patricia M. Womble
82 Street Address (P.O. Box Number is Not Acceptable)
2446 Snowy Egret Drive
83
84 City Jacksonville FL 85 Zip Code 32224

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Patricia M. Womble Patricia M. Womble Vice President 4-24-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME WHITNEY RICK J
STREET ADDRESS 2140 SGUKIG DRUVE
CITY-ST-ZIP CASTLEROCK CO

TITLE V
NAME OLMSTED CHARLES T
STREET ADDRESS 1670 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE TS
NAME WHITNEY MARY
STREET ADDRESS 2140 SHILOH DRIVE
CITY-ST-ZIP CASTLE ROCK CO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2140 SHILOH DRIVE
1.4 CITY-ST-ZIP CASTLE ROCK, CO 80104

2.1 TITLE VICE PRESIDENT
2.2 NAME WOMBLE, PATRICIA
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 800001822108
4.4 CITY-ST-ZIP -05/15/96--01039--024

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE: Rick J. Whitney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96 (904) 642-9222
Date Daytime Phone #

CR2E034 (12/95)