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Jul 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H77567**

(6)

1. Corporation Name

**THE INSURANCE MART, INC.**

Principal Place of Business

**7251 W PALMETTO PK RD  
BOCA RATON FL 33433**

Mailing Address

**7251 W PALMETTO PK RD  
BOCA RATON FL 33433-3442**

3. Date Incorporated or Qualified  
**09/23/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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4. FEI Number  
**59-2606701**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBERTONE, DONNA J  
7251 W PALMETTO PARK RD  
BOCA RATON FL 33433**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT  
NAME **HOEFT, JERALD R**  
STREET ADDRESS **18874 ANCHOR DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME **RUBERTONE, DONNA J.**  
STREET ADDRESS **3725 KINGS WAY**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CD  
NAME **CROHN, FRANK T**  
STREET ADDRESS **8001 OLD CLINT MOORE RD**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE S  
NAME **TICE, JULIE B**  
STREET ADDRESS **710 NE 69TH STREET**  
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE MDD  
NAME **MASTER, RALPH W JR.**  
STREET ADDRESS **415 SW 8TH STREET**  
CITY-ST-ZIP **TOPEKA KS**

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

TITLE D  
NAME **FOGT, THOMAS M**  
STREET ADDRESS **415 SW 8TH STREET**  
CITY-ST-ZIP **TOPEKA KS**

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Jerald R. Hoeft* **JERALD R. HOEFT** 01/08/97 (561) 394-9400

CR2E034 (9/96)