

FILE NOW: FILING FEE AFTER MAR 1 IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 07 1997 8:00am
Secretary of State

DOCUMENT # H86397 (7)

1. Corporation Name
INSURANCE CONSUMERS ALLIANCE, INC.



Principal Place of Business
4360 NORTHLAKE BLVD.#104
PALM BEACH GARDENS FL 33410

Mailing Address
4360 NORTHLAKE BLVD.#104
PALM BEACH GARDENS FL 33410-6264

3. Date Incorporated or Qualified 11/20/1985
3a. Date of Last Report 05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State SAME

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 59-2632764
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

BOROSAK, WILLIAM J., SR.
4360 NORTHLAKE BLVD #104
PALM BEACH GARDENS FL 33410

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
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	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROSAK, WILLIAM J., SR.		12 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD #104		13 STREET ADDRESS	SAME
CITY - ST - ZIP	PALM BEACH GRDNS FL		14 CITY - ST - ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROSAK, WILLIAM J., JR.		22 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD #104		23 STREET ADDRESS	SAME
CITY - ST - ZIP	PALM BEACH GARDENS FL		24 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROSAK, ROSEMARY D.		32 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD #104		33 STREET ADDRESS	SAME
CITY - ST - ZIP	PALM BEACH GARDENS FL		34 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY - ST - ZIP			44 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY - ST - ZIP			54 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY - ST - ZIP			64 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: William J. Borosak, Sr. 3-4-1997 561-627-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)