

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:47

DOCUMENT # J59814 (0)

1. Corporation Name

INSURANCE MARKETING GROUP INC.

Principal Place of Business

217 N. WESTMONT DR.
#3031
470 W. CENTRAL PKWY
PO BOX 160356
ALTAMONTE FL 32716-0356
US

Mailing Address

470 W. CENTRAL PKWY
PO BOX 160356
ALTAMONTE FL 32716-0356
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1987

3a. Date of Last Report

08/04/1994

4. FFI Number

59-2770832

Applicant Fee

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

217 N. WESTMONT DR. #3031

2a. Mailing Address

P.O. Box 160356

Suite, Apt. #, etc.

#3031

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

FLORIDA

Zip

32716

Country

FLORIDA

9. Name and Address of Current Registered Agent

MODARRES, MARK M.

470 W. CENTRAL PKWY #3031

POST OFFICE BOX 160356

ALTAMONTE SPRINGS FL 32716

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

217 N. WESTMONT DR. #3031

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32714

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 date of appointment

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MODARRES, MARK M
STREET ADDRESS 940 DOUGLAS AVENUE, SUITE 148
CITY ST ZIP ALTAMONTE SPRINGS FL

TITLE VP
NAME MODARRES, MAUREEN
STREET ADDRESS 1431 HENDRE DRIVE
CITY ST ZIP DELAND FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

7-24-95 (407) 869-4242