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 # **J59814** **(0)**

1. Corporation Name

INSURANCE MARKETING GROUP INC.

Principal Place of Business	Mailing Address
217 N. WESTMONTE DR. #3031 ALTAMONTE FL 32714 US	PO BOX 160356 ALTAMONTE FL 32716 US

2. Principal Place of Business	2a. Mailing Address
21 217 N. Westmonte Dr.	26 P.O. Box 160356
Suite, Apt. #, etc. 22 3031	Suite, Apt. #, etc. 27 Alt. Springs Fl.
City & State 23 Altamonte Springs Fl.	City & State 28
Zip 24 32714	Country 25 Seminole
Zip 29 32716	Country 30 Seminole

3. Date Incorporated or Qualified: **03/03/1987**

3a. Date of Last Report: **03/29/1995**

4. FEI Number: **59-2770832** ☐ 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

MODARRES, MARK M.
217 N. WESTMONTE DR.
#3031
ALTAMONTE SPGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Mark M. Modarres.

82 Street Address (P.O. Box Number is Not Acceptable): 217 N. Westmonte Dr. Suite 3031

83

84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MODARRES, MARK M	
STREET ADDRESS	940 DOUGLAS AVENUE, SUITE 146	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	☐ DELETE
NAME	MODARRES, MAUREEN	
STREET ADDRESS	1431 HENDRE DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		

CR2E034 (12/95)

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)(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 attached sheet with an address.

SIGNATURE: [signature] 4-8-96 (407) 869-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #