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FILED

Apr 14 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 # J59814 (0)

1. Corporation Name
INSURANCE MARKETING GROUP INC.

Principal Place of Business

217 N. WESTMONTE DRIVE
3031
ALTAMONTE FL 32714
US

Mailing Address

P.O. BOX 160356
ALTAMONTE SPRINGS FL 32716-0356
US



2. Principal Place of Business

21 217 N. WESTMONTE DR.

Suite, Apt. #, etc.

3031

City & State

23 ALTAMONTE SPRINGS FL

Zip

32714

Country

25 United States

2a. Mailing Address

26 P.O. Box 160356

Suite, Apt. #, etc.

27 ~~ALTAMONTE~~

City & State

28 ALTAMONTE SPRINGS FL

Zip

29 32716

Country

30 United States

3. Date Incorporated or Qualified

03/03/1987

3a. Date of Last Report

04/12/1996

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 DRIVE, SUITE 3031
#3031
ALTAMONTE SPRINGS 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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MODARRES, MARK M
STREET ADDRESS 940 DOUGLAS AVENUE, SUITE 140
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

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MARK M. MODARRES

1.3 STREET ADDRESS 525 VIA VERONA #105

1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002143028

-04/15/97--01003--025

***330.00

4-14-97

4-4-97 (407) 869-4242

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: MARK M. MODARRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)