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Secretary of State

02-24-1999 90171 005 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K04216 1. Corporation Name

INSURANCE EXPRESS, INC.

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City & State			⊢ '''	te, Apt. #, etc.			5. Certifcate of Status Desired		T -	ı
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Zip Country Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax	,	lt e	— ´							
25 26 36 Personal Property Tax. Yes No				0		- 1				d to Fees
9. Name and Address of Current Registered Agent BEARD, JOYCE 4141 PINE FOREST RD. CANTONMENT FL 32533 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 lits 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byte of prefer furner of 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byte of prefer furner of registered agent and site if appaceable. (PiOTE Registered Agent signature registered registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. In It Is ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. NAME 15. STREET ADDRESS 15. ST		<u> </u>	<u> </u>	· .	'		•	ent year Inta		
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### 141 PINE FOREST RD. CANTONMENT FL 32533 ### City FL 85 Zip Code #	BEA	RD, JOYCE		Ľ						
11. Pursuant to the provisions of Sections 607.0502 and 607.1506. 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, and accept the obligations of, Section 607.0503, Floridas Statutes. SIGNATURE SIGNATURE Signature, Syred or printed rainer of registered agent and dile if appscable. (NOTE Registered Agent signature sequed when rematiting) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CHange Addition STREET ADDRESS TITLE D CHANGE STREET ADDRESS CITY-ST-ZP TITLE D CHANGE STREET ADDRESS CITY-ST-ZP TOTAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LACITY-ST-ZP TITLE D CHANGE STREET ADDRESS CITY-ST-ZP TITLE D CHANGE STREET ADDRESS CITY-ST-ZP TITLE D CHANGE STREET ADDRESS CITY-ST-ZP TITLE D CHANGE Addition Addition STREET ADDRESS CITY-ST-ZP TITLE D CHANGE Addition Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZP TITLE D CHANGE Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND				82	Stree	t Address	(P.O. Box Number is Not Accept	able)		
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11. Pursuant to the provisions of Sections 607 (502 and 607 (508, Florida Statutes, the above-canned 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 and finding with, and accept the obligations of, Section 607 (5035, Florida Statutes). SIGNATURE				84	City	•			85 Zi	p Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Floridas Statutes. SIGNATURE 12						d corneral	tion cubmits this statement for the		hanging	its registered
### STREET ADDRESS 10.366 MERCER LN. PVS	office or i	registered agent, or both, in the State	of Florida. Such change was author	onzed by	the co	poration's	board of directors. I hereby acce	ot the appoin	tment as	registered
Signature, Typed or printed range of registered agent and tile if applicable. (NOTE: Repistered Agent signature required when reinstaling) DRECTORS 12.	agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	i.					
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14. I 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 occiver of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

850-976-1992