


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90025 033 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # K42684**

1. Corporation Name

**INSURANCE MANAGEMENT INTERNATIONAL, INC.**

Principal Place of Business

**1208 WEST NEWPORT CIRCLE**  
**SUITE 202**  
**DEERFIELD BEACH FL 33442**

Mailing Address

**1208 WEST NEWPORT CIRCLE**  
**SUITE 202**  
**DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1988**

4. FEI Number

**65-0112172**

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

**30** Zip **31** Country

9. Name and Address of Current Registered Agent

**GRANET, LLOYD**  
**5200 TOWN CENTER CIR, STE 301**  
**SUITE 105**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

**81** Name **SHELDON J. BURNETT**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**367 ALHAMBRA CIRCLE**  
**83**  
**84** City **Coral Gables** **FL** **85** Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

**4/16/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHALHOU, JEAN-CLAUDE	
STREET ADDRESS	1208 W NEWPORT CENTER DRIVE, STE 202	
CITY-ST-ZIP	DEERFIELD FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRANET, LLOYD	
STREET ADDRESS	5200 TOWN CENTER CIR STE 3010	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SWARTOUT, RONALD A	
STREET ADDRESS	1208 W NEWPORT CENTER DR., STE 202	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHELDON J. BURNETT	
1.3 STREET ADDRESS	367 ALHAMBRA CIRCLE	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33134-5003	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Ronald A Swartout**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/99**  
 Date

**(954) 421-4076**  
 Daytime Phone #

CR2E034 (11/98)