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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K46895** **(4)**

1. Corporation Name

INSURANCE WORLD FRANCHISOR, INC.

Principal Place of Business	Mailing Address
984 S. US 1 ROCKLEDGE FL 32955 US	984 S. US 1 ROCKLEDGE FL 32955 US

3. Date Incorporated or Qualified: **11/18/1988**

3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2918935** ☐ 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

ENLOW, LOWELL M.
984 S. US 1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	ENLOW, LOWELL M.		12 NAME		
STREET ADDRESS	234 MARIAH CT.		13 STREET ADDRESS	415 Montreal Way	
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, STEPHEN M.		22 NAME		
STREET ADDRESS	1147 N HALIFAX DR.		23 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HAZY, VICTOR		32 NAME		
STREET ADDRESS	6025 NW 58TH PL		33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	DOBRY, HAL		42 NAME		
STREET ADDRESS	10 MARTINIQUE COVE		43 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MALONE, JAMES M.		52 NAME		
STREET ADDRESS	2635 DUPONT AVENUE		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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 added by attachment with an address.

SIGNATURE: Lowell M. Enlow President 11 /96 407-636-7283

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