

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46895** (4)
1. Corporation Name
INSURANCE WORLD FRANCHISOR, INC.



Principal Place of Business 984 S. US 1 ROCKLEDGE FL 32955 US	Mailing Address 984 S. US 1 ROCKLEDGE FL 32955 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2918935	Applied For ☐ Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
☐ DELETE	P ENLOW, LOWELL M. 415 MONTREAL WAY ROCKLEDGE FL	☐ Change ☐ Addition	
☐ DELETE	VP SMITH, STEPHEN M. 1147 N HALIFAX DR. DAYTONA BCH. FL	☐ Change ☐ Addition	
☐ DELETE	VP HAZY, VICTOR 6025 NW 58TH PL GAINESVILLE FL	☐ Change ☐ Addition	
☐ DELETE	T DOBRY, HAL 10 MARTINIQUE COVE PALM BCH GARDENS FL	☐ Change ☐ Addition	
☐ DELETE	D MALONE, JAMES M. 2835 DUPONT AVENUE JACKSONVILLE FL	☐ Change ☐ Addition	
☐ DELETE		☐ Change ☐ Addition	

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 attached form with an address.

SIGNATURE: *[Signature]* **2/28/98** **561-642 4585**

CR2E034 (10/97)