FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59039 (3)

1. Corporation Name
INSURANCE MARKETING VENTURES, INC.

Principal Place of Business	Mailing Address
~~5100 CENTRAL AVENUE~~ ST. PETERSBURG FL 33707 US	P. O. BOX 41000 ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1989	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2992409	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	

2. Principal Place of Business	2a. Mailing Address
21 5144 Central Avenue	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALONEY, JOHN L. 5335 66TH ST. NORTH STE 4 ST. PETERSBURG FL 33709	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	YANCEY, MELINDA	1.2 NAME	
STREET ADDRESS	2898 GOMEZ WAY, S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	~~DP~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~AKIN, JUDITH G.~~	2.2 NAME	
STREET ADDRESS	~~12204 91ST WAY N~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LARGO FL~~	2.4 CITY-ST-ZIP	
TITLE	CPD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LARRY A.	3.2 NAME	
STREET ADDRESS	8360 144TH LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	SVTD	4.1 TITLE	☒ Change ☐ Addition
NAME	HAUG, NANCY	4.2 NAME	
STREET ADDRESS	~~1045 14TH AVENUE NORTH~~	4.3 STREET ADDRESS	11601 4th Street, N.
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	4.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	FELLABAUM, CARRIE	5.2 NAME	
STREET ADDRESS	10250 36TH WAY, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: Carrie M. Fellabaum 4/17/95 (813) 321-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
Carrie M. Fellabaum

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