

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K59039 (3)

1. Corporation Name

INSURANCE MARKETING VENTURES, INC.



Principal Place of Business

5144 CENTRAL AVE
ST. PETERSBURG FL 33707
US

Mailing Address

P. O. BOX 41000
ST. PETERSBURG FL 33743

3. Date Incorporated or Qualified
01/18/1989

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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)
3663 Central Avenue

83

84 City

St. Petersburg

FL

85 Zip Code
33713

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME YANCEY, MELINDA
STREET ADDRESS 2698 GOMEZ WAY, S
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ DELETE

DP
NAME AKIN, JUDITH C.
STREET ADDRESS 12204 91ST WAY N
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

CPD
NAME FRANKLIN, LARRY A.
STREET ADDRESS 8360 144TH LANE NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

SVTD
NAME HAUG, NANCY
STREET ADDRESS 11601 N 4TH ST
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ DELETE

S
NAME FELLABAUM, CARRIE
STREET ADDRESS 10250 36TH WAY, NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

826 Glades Ct. N.E.
St. Petersburg, FL 33702

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Haug

4/15/96

813-321-3662

CR2E034 (12/95)