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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33743-1000

3. Date Incorporated or Qualified

01/18/1989

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

MALONEY, JOHN L.
3663 CENTRAL AVENUE
ST. PETERSBURG FL 33713

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE CPD
NAME
STREET ADDRESS 8360 144TH LANE NORTH
CITY - ST - ZIP SEMINOLE FL

TITLE SVTD
NAME HAUG, NANCY
STREET ADDRESS 826 GLADES COURT NE
CITY - ST - ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE CPTSD
2.2 NAME
2.3 STREET ADDRESS 18201 Gulf Blvd., Unit 406
2.4 CITY - ST - ZIP Redington Shores, FL 33708

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Asst Sec/D
4.2 NAME Jana L. Franklin
4.3 STREET ADDRESS 18201 Gulf Blvd., Unit 406
4.4 CITY - ST - ZIP Redington Shores, FL 33708

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

813-321-3662

Date

Daytime Phone #

CR2E034 (9/96)