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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2992409	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				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	VP of Finance/Director
NAME	YANCEY, MELUNDA	1.2 NAME	Matthew T. Franklin
STREET ADDRESS	2698 GOMEZ WAY, S	1.3 STREET ADDRESS	7200 Franklin Ave., #106
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	Cole, CA 90046
TITLE	CPTS	2.1 TITLE	
NAME	FRANKLIN, LARRY A.	2.2 NAME	
STREET ADDRESS	18201 GULF BLVD., UNIT 406	2.3 STREET ADDRESS	
CITY - ST - ZIP	REDINGTON SHORES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HAUG, NANCY	3.2 NAME	
STREET ADDRESS	826 GLADES COURT NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	
NAME	FRANKLIN, JANA L	4.2 NAME	
STREET ADDRESS	18201 GULF BLVD., UNIT 406	4.3 STREET ADDRESS	
CITY - ST - ZIP	REDINGTON SHORES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 attachment with an address.

SIGNATURE:

*[Signature]*

4/8/98

CR2E034 (10/97)