

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

FILED

Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # M07906 (4)

1. Corporation Name

INSURANCE NETWORK SYSTEMS, INC.

Principal Place of Business

351 SOUTH CYPRESS RD.
#410
POMPANO BEACH FL 33060

Mailing Address

351 SOUTH CYPRESS RD.
#410
POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

21 8895 No. Military Trail

26 8895 No. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E-201

27 E-201

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

Zip

Country

Zip

Country

24 33410

25 USA

29 33410

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/15/1984

3a. Date of Last Report
01/19/1995

4. FEI Number
59-2464873

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

LAFFERTY, ROBERT G.
351 SOUTH CYPRESS RD. #410
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8895 No. Military Trail, E-201

83

84 City
Palm Beach Gardens

FL

85 Zip Code
33410

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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAFFERTY, ROBERT G.
STREET ADDRESS 351 S. CYPRESS RD #410
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE VPD
NAME LAFFERTY, JOLYNN
STREET ADDRESS 351 S CYPRESS ROAD, SUITE 410
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8895 No. Military Trail, E-201
Palm Beach Gardens, FL 33410

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8895 No. Military Trail, E-201
Palm Beach Gardens, FL 33410

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

3-22-96 (407) 622-3800

CR2E034 (12/95)