FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

· CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUL 6 9 06 AM '87

SECRETARY OF STATE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

M07906 4
INSURANCE NETWORK SYSTEMS, INC.
950 NORTH FEDERAL HWY.
#123
POMPANO BEACH, FL 33062

If above address is incorrect in any way enter the correct address in item 2 Include Zip Code

2 Enter Change of Address of Corporation Principal Office, P O. Box Number Alone is NOT Sufficient

Street Address 21

P O. Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 11/15/1984

4 Federal Employer Identification Number (FEIN): 59-2464873

5 Date of Last Report: 03/14/1986

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1986

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	LAFFERTY, ROBERT G.	D P	950 N. FEDERAL HWY #123	POMPANO BEACH, FL
1x 2	LAFFERTY, JAN C.	D	950 N. FEDERAL HWY #123	POMPANO BEACH, FL
2x				
3				
3x				
4				
4x				
5				
5x				
6				
6x				

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ANNUAL REPORT

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

LAFFERTY, ROBERT G.
950 NORTH FEDERAL HWY.
#123
POMPANO BEACH, FL 33062

8 Name and Address of Current Registered Agent

Name 81: ANNUAL REPORT 25.00

TOTAL 25.00

Street Address 1 (Do NOT Use P O Box Number) 82

Street Address 2 (Do NOT Use P O. Box Number) 83

City and State 84: FL.

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent I am familiar with and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10 *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F S
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officers signing must be listed in Block 6)

Signature: [signature] Date: 6-26-87

Typed Name of Signing Officer: ROBERT G. LAFFERTY Title: PRESIDENT Telephone Number: 305-781-7133

11. Should you desire a certificate of status check the box CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)