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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M90792

1. Corporation Name
 STANFORD & CO. INSURANCE CONSULTANTS, INC.



Principal Place of Business: 2537 FRISCO DRIVE, CLEARWATER FL 33761, US
 Mailing Address: 2519 MCMULLEN BOOTH RD, SUITE 510-244, CLEARWATER FL 33761, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1516 SEAGULL DRIVE, 22 309, 23 PALM HARBOR FL, 24 34684, 25 USA
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 07/25/1988
 4. FEI Number: 59-2905583
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: STANFORD MARY L., 2537 FRISCO DRIVE, CLEARWATER FL 33761

10. Name and Address of New Registered Agent: 81 Name: STANFORD MARY L., 82 Street Address: 1516 SEAGULL DRIVE, 83 309, 84 City: PALM HARBOR FL, 85 Zip Code: 34684

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: *Mary Stanford* President MARY L. STANFORD, PRES. 4/2/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPST	<input type="checkbox"/>
NAME	STANFORD, MARY L.	
STREET ADDRESS	2537 FRISCO DR.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	DPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	STANFORD, MARY L.		
1.3 STREET ADDRESS	1516 SEAGULL DRIVE #309		
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Mary Stanford* MARY L. STANFORD, PRES. 4/2/99 (727) 797-7966

CR2E034 (11/98)