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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005597 (0)

1. Corporation Name

SHARED MARKET INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1515 RINGLING BLVD.
STE. 950
SARASOTA FL 34236

P.O. BOX 4177
SARASOTA FL 34230-4177



3. Date Incorporated or Qualified
12/14/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 101 N. MONROE ST

26 101 N. MONROE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1000

27 SUITE 1000

City & State

City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

Zip Country

Zip Country

24 32301

25 USA

29 32301

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, JAMES W JR.
215 SOUTH MONROE ST., SUITE 440
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

101 N. MONROE ST

83

SUITE 1000

84

City

TALLAHASSEE

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

James W. Newman
Signature, typed or printed name of registered agent and filer, if applicable

Chief Operating Officer

1-7-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
CAMERON, JOSEPH W
1835 S RIDGEWOOD AVENUE
SOUTH DAYTONA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARNHILL, WILLIAM A
501 N FERDON BLVD.
CRESTVIEW FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MCCRARY JESSE J.
2800 BISCAYNE BLVD. STE. 800
MIAMI FL 33150

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BREWER, RICHARD C
50 N LAURA ST
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CARUTHERS, GENE
282 A REMINGTON GREEN CIR
TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KAISER, JOHN P
31 OCEAN REEF, SUITE A202
KEY LARGO FL

☐ DELETE

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

James W. Newman

1-7-97 904-52-2227

CR2E037 (9/96)