

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 040 ****61.25

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1. Corporation Name

SHARED MARKET INSURANCE SERVICES, INC.

Principal Place of Business

101 N MONROE ST
STE 1000
TALLAHASSEE FL 32301
US

Mailing Address

101 N MONROE ST
STE 1000
TALLAHASSEE FL 32301
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3215470	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, JAMES W JR.
101 N MONROE ST
STE 1000
TALLAHASSEE FL 32301

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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

(NOTE: Registered Agent signature required when reinstating)

7-14-99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMERON, JOSEPH W			1.2 NAME	JAMES W. NEWMAN, JR.		
STREET ADDRESS	1835 S RIDGEWOOD AVENUE			1.3 STREET ADDRESS	1507 ARGONNE ROAD		
CITY-ST-ZIP	SOUTH DAYTONA FL			1.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNHILL, WILLIAM A			2.2 NAME			
STREET ADDRESS	501 N FERDON BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRARY JESSE J.			3.2 NAME			
STREET ADDRESS	2800 BISCAYNE BLVD. STE. 800			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, RICHARD C			4.2 NAME			
STREET ADDRESS	50 N LAURA ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARUTHERS, GENE			5.2 NAME			
STREET ADDRESS	282 A REMINGTON GREEN CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAISER, JOHN P			6.2 NAME			
STREET ADDRESS	31 OCEAN REEF, SUITE A202			6.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			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 617, 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:

James W. Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99

Date

(850)513-3727

Daytime Phone #

CR2E037 (5/99)