

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007212 (0)
1. Corporation Name
THE FLORIDA INSURANCE FORUM, INC.



Principal Place of Business P.O. BOX 14129 2833 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32327	Mailing Address P.O. BOX 14129 2833 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32327
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3. Date Incorporated or Qualified 12/30/1997	
4. FEI Number 54-1882908	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 112 S. West Street Suite, Apt. #, etc. 22 4th floor City & State 23 Alexandria, VA Zip 24 22314	2a. Mailing Address 26 112 S. West St Suite, Apt. #, etc. 27 4th floor City & State 28 Alexandria, VA Zip 29 22314
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
CORPAMERICA, INC.
1625 S ANDREWS AVENUE
SUITE 216
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	David Lack	
STREET ADDRESS	112 S. West Street, 4th fl	
CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jeff Burman	
STREET ADDRESS	1275 Milwaukee Ave	
CITY-ST-ZIP	Genoa, IL 60025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Lee Tooman	
STREET ADDRESS	7440 Woodland Hills Drive	
CITY-ST-ZIP	Indianapolis, IN 46278-1719	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Lack* **DAVID LACK** **4/29/98** **202/921-1200**

CR2E037 (10/97)