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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P14987

(2)

FILED Feb 05 1997 8:00am Secretary of State

1. Corporation Name INSURANCE AND FINANCIAL CONSULTANTS CO. Principal Place of Business Mailing Address 7935 TIMBERWOOD CIRCLE SARASOTA FL 34238 SARASOTA FL 34238-2948 US US								
					3. Date Incorporated or Qualified 06/25/1987		e of Lasi 4/1996	t Report
	Place of Business	2a. Mailing Address			4. FEI Number		h	Applied For
21	—— (4	26			42-1282867			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	0	City & State	··		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			d to Fees
Zφ	Country	Zip	Country	y	B. This corporation has liability for	intangible t	ax unde	rs. 199.032,
24	25	29	30			Yes [
	9. Name and Address of Curr	ent Registered Agent		1 ::	10. Name and Address of New Re	gistered A	gent	
	lugh, W. Randall		81	Name				
	5 TIMBERWOOD CIR		82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		
SAR	ASOTA FL 34238		83			·····		
			63					
			84	City		FL	85 Z	ip Code
11 Purcuant	to the provisions of Sections 607.09	502 and 607 1508 Florida Statu	ites the about	e-named corr	poration submite this statement for the r		changing	n ite registered
Ource o'		te di Florida Duch Change was	authorized by	y the corporat	tion's board of directors. I hereby acces	pt the appo	at the rie	as registered
agent. I a	Stgnucker gradied or printed name of registered a	ngeni aud lille if spolicable (NO			poration submits this statement for the p tion's board of directors. I hereby accep red when renstating)	DATE		
SIGNATURE	Signar de typy a or printed mass intregistimat a OFFICERS A	agent and little of applicable (NO ND DIRECTORS	TE: Registered Ag			DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signar is: 71-d or people more of registered s OFFICERS A	ngeni aud lille if spolicable (NO	TE: Registered Age 13.	ent signature requi	red when reinstating)	DATE		ORS IN 12
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4. 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 607, Florida Statutes; and that my name appears in Brook 12 or BVX is 13 if charged, or on an attachment with an address.

SIGNATURE

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