

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P14987 (2)

1. Corporation Name

INSURANCE AND FINANCIAL CONSULTANTS CO.

Principal Place of Business

7935 TIMBERWOOD CIRCLE
SARASOTA FL 34238
US

Mailing Address

7935 TIMBERWOOD CIRCLE
SARASOTA FL 34238
US

2. Principal Place of Business

2a. Mailing Address

21 7935 TIMBERWOOD CIR

26 7935 TIMBERWOOD CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SARASOTA, FL

27 SARASOTA FLORIDA

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
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6. TITLE
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CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
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3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
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4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

Signature and typed or printed name of signing officer or director

DATE

FILED
Mar 04 1996 8:00am
Secretary of State



CR2E034 (12/95)