

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90119 021 ***150.00

DOCUMENT # P21526 (9)

1. Corporation Name

CNL INSURANCE MARKETING, INC.

Principal Place of Business

8301 MARYLAND AVE
ST. LOUIS, MO 63105

Mailing Address

8301 MARYLAND AVE
ST. LOUIS, MO 63105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1988

4. FEI Number

43-1323112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETITT, RICHARD G	1.2 NAME	
STREET ADDRESS	4415 S.E. HAIG PT. CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROWSKI, JOHN R	2.2 NAME	PETROWSKI, JOHN R
STREET ADDRESS	122 FIFTH AVENUE	2.3 STREET ADDRESS	335 ADAMS STREET
CITY-ST-ZIP	NEW YORK, NY 10011	2.4 CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, A. SALES	3.2 NAME	
STREET ADDRESS	1728 ROSSLARE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN, MO	3.4 CITY-ST-ZIP	
TITLE	V/T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, ELIZABETH A.	4.2 NAME	
STREET ADDRESS	122 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10011	4.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBANOWICZ, KATHLEEN A.	5.2 NAME	
STREET ADDRESS	16707 EDISTO COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORISSANT, MO	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NITTOLI, ROCCO
STREET ADDRESS		6.3 STREET ADDRESS	335 ADAMS STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BROOKLYN, NY

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 607, 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.

A. SALES MILLER, PRESIDENT

2/24/99 314-725-7575

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

CNL, INC.
(Missouri)

190434-90119-21
P21526

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Business Address</u>	<u>Residence Address</u>	<u>SS#</u>	<u>Election Date</u>
President	A. Sales Miller	8301 Maryland Aveune St. Louis, MO 63105	1728 Rosslare Court Ballwin, MO 63021	409-88-5310	1/31/93
Vice President, Controller & Treasurer	Rocco Nittoli	335 Adams Street Brooklyn, NY 11201	12 Pemberton Drive Matawan, NJ 07747	155-48-1081	3/13/98
Vice President & General Counsel	John R. Petrowski	335 Adams Street Brooklyn, NY 11201	200 East 16 St. Apt 20B New York, NY 10003	104-60-4121	10/1/97
Vice President & Secretary	Kathleen A. Urbanowicz	8301 Maryland Avenue St. Louis, MO 63105	16706 Edisto Court Florissant, MO 63034	499-70-4115	3/21/89

DIRECTORS

Chairman	Richard G. Pettit	335 Adams Street Brooklyn, NY 11201	4415 S.E. Haig Pt. Court Stuart, FL 34997	136-42-5880	3/26/92
	A. Sales Miller	8301 Maryland Aveune St. Louis, MO 63105	1728 Rosslare Court Ballwin, MO 63021	409-88-5310	1/31/93
	John R. Petrowski	335 Adams Street Brooklyn, NY 11201	200 East 16 St., Apt. 30B New York, NY 10003	104-60-4121	10/1/97

CNLOFF

03/13/98