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Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P29826 (5)  
1. Corporation Name  
JMC INSURANCE SERVICES CORPORATION



Principal Place of Business  
8710 SCRANTON RD #100  
STE. 100  
SAN DIEGO CA 92121

Mailing Address  
8710 SCRANTON RD #100  
STE. 100  
SAN DIEGO CA 92121-4780

3. Date Incorporated or Qualified 06/15/1990	3a. Date of Last Report 03/05/1996
4. FEI Number 33-0029972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	PCEOD
NAME	MITCHELL, JAMES K.	1.2 NAME	Mitchell, James K.
STREET ADDRESS	9710 SCRANTON RD., #100	1.3 STREET ADDRESS	9710 Scranton Rd. Ste. 100
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	San Diego, CA 92121
TITLE	PD	2.1 TITLE	
NAME	FINNERAN, BRIAN J.	2.2 NAME	
STREET ADDRESS	9710 SCRANTON RD., #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	SVPC	3.1 TITLE	SVPCD
NAME	SCHNEIDER, PAMELA R	3.2 NAME	Harkins, Daniel M.
STREET ADDRESS	9710 SCRANTON ROAD, SUITE 100	3.3 STREET ADDRESS	9710 Scranton Rd. Ste. 100
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	San Diego, CA 92121
TITLE	VTD	4.1 TITLE	
NAME	CARLSON, D. MARK	4.2 NAME	
STREET ADDRESS	9710 SCRANTON RD., #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel M. Harkins 2/10/97 619-450-0055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)