

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


FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90016 023 *****158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30176

1. Corporation Name

FINANCIAL PROTECTION MARKETING, INC.

Principal Place of Business

5155 N. SHADELAND AVE.
INDIANAPOLIS IN 46226
US

Mailing Address

P.O. BOX 501670
INDIANAPOLIS IN 46250-3670
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/12/1990

4. FEI Number

35-1349213

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HUGHES, JAMES E.	
STREET ADDRESS	5155 N. SHADELAND AVE.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DEFOOR, JERRY W.	
STREET ADDRESS	2801 HWY 280 S	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, STEVEN A.	
STREET ADDRESS	2801 HWY 280S	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAMER, J WILLIAM	
STREET ADDRESS	2801 HWY 280 S.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	PRESELEY, MICHAEL	
STREET ADDRESS	2801 HWY 280 S.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JOHN K	
STREET ADDRESS	2801 HWY 280 S	
CITY-ST-ZIP	BIRMINGHAM AL	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 317-591-7060

CR2E034 (11/98)