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 03, 1999 8:00 am Secretary of State

03-03-1999 90001 045 ***150.00

7. Corporatio	MENT # P33561 TE INSURANCE AGENCY, I	NC.				
Principal Plac	e of Business	Mailing Address		* 1001100) 100 31101 E1110 G112) 1131 G1011) 81814 1881
9225 WARD PKWY 9225 WARD PARKWAY						
2ND FLOOR		2ND FLOOR		DO NOT WITH IN THE	CDACE	
KANSAS CITY MO 64114 US		KANSAS CITY MO 64114 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
1		03		04/12/1991		į
2 Principal P	Mace of Business	2a. Mailing Address	_ _	4 FEI Number 527	Apr	olied For
21	age of Business	26		44-1062722 - 2242		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certificate of Status Desired .	Fee Rec	quired
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 #	мау Ве
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in		
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered		□No
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301			82 Street Addr	rentice-Hall Corporation Sess (P.O. Box Number is Not Acceptable) Hays Street	System.	
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in he State am familiar with, and accept the obligation of the state of the obligation of the state of the st	×//	the above-named corphorized by the corporation a Statutes. Show the corporation is the corporation of the corporation of the corporation is the corporation of the c	hassee oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its r intment as reg	egistered istered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1,1 TITLE	,	Change	☐ Addition
NAME	FINKLE, BRADLEY G.		1.2 NAME			
STREET ADDRESS	2804 WEST 177TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	LEAWOOD KS 66211		1.4 CITY-ST-ZIP	<u> </u>		Addition
TITLE	AS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	FINKLE, LINDA M.		2.2 NAME			
STREET ADDRESS	_		2.3 STREET ADDRESS	بالجاري ومنتقا المهجور الماري والمحاري المجتبي الماري	→ •	
CITY-ST-ZIP	LEAWOOD KS 66211	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE	VD CARD MARK VAL	€ DETE IE	3.1 TITLE		Í ournigo	
NAME ATREET ADDOCSO	CARP, MARILYN 7019 PHEASANT CROSS DRIVI	=	3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS	BALTIMORE MD 21209	_	3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	SD SD	DELETE	4.1 TITLE		☐ Change	Addition
NAME	LATCHFORD, PAUL C	<u> </u>	4. 2 NAME		-	
STREET ADDRESS	TAT DEDOUGLAND LAND		4.3 STREET ADDRESS			
CITY-ST-ZIP	REISTERSTOWN MD 21136		4.4 CITY-ST-ZIP			
TITLE	T	□ DELETE	5.1 TITLE	·	☐ Change	Addition
NAME	MCCONNELL, MARTHA ANN		5.2 NAME			
STREET ADDRESS	LALL OLIV ODOCT DOUG		5.3 STREET ADDRESS	•		
CITY-ST-ZIP	LUTHERVILLE MD 21093		5.4 CITY-ST-ZIP			
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	REKOSKI, DAVID G		6.2 NAME			
STREET ADORESS	325 STABLERS CHURCH ROAL)	6.3 STREET ADDRESS)

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 suppliemental 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 rejetiver 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 option attacking the same appears in the same legal effect as if made under oath; that I am an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PARKTON MD 21120