

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013171 (3)

1. Corporation Name

INSURANCE MARKETING USA, INC.

FILED

96 NOV -7 AM 8:25

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business

14255
4035 US HIGHWAY ONE
SUITE 224
JUNO BEACH FL 33408
US

Mailing Address

14255
4035 US HIGHWAY ONE
SUITE 224
JUNO BEACH FL 33408

2. Principal Place of Business

21 14255 US HWY 1

Suite, Apt. #, etc.

22 224

City & State

23 JUNO BEACH FL

Zip

24 33408

Country

25 PRC

2a. Mailing Address

26 14255 US HWY 1

Suite, Apt. #, etc.

27 224

City & State

28 JUNO BEACH FL

Zip

29 33408

Country

30 PRC

9. Name and Address of Current Registered Agent

RANSIER, RICHARD
131 COMMODORE DRIVE
JUPITER FL 33458

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

08/22/1995

4. FEI Number

65-0378144

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-4-96

12. OFFICERS AND DIRECTORS

TITLE

PTD
RANSIER, RICHARD
131 COMMODORE DRIVE
JUPITER FL 33458

CITY - ST - ZIP

TITLE

SD
RANSIER, CAROL
131 COMMODORE DRIVE
JUPITER FL 33458

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

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 617, 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

6-20-96

Daytime Phone #

624-5305

CP2E034 (3/86)