

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

•PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

FILED

96 NOV -7 AM 8:25

DOCUMENT # P92000013171 (3)

1. Corporation Name

INSURANCE MARKETING USA, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 96

Principal Place of Business

14255
 4935 US HIGHWAY ONE
 SUITE 224
 JUNO BEACH FL 33408
 US

Mailing Address

14255
 4935 US HIGHWAY ONE
 SUITE 224
 JUNO BEACH FL 33408

2. Principal Place of Business

2a. Mailing Address

21 14255 US HWY 1

26 14255 US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 224

27 224

City & State

City & State

23 JUNO BEACH FL

28 JUNO BEACH FL

Zip

Country

Zip

Country

24 33408

25 PBC

29 33407

30 PBC

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

9. Name and Address of Current Registered Agent

RANSIER, RICHARD
 131 COMMODORE DRIVE
 JUPITER FL 33458

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

Richard Ransier 11-4-96

12. OFFICERS AND DIRECTORS

TITLE: PID DELETE
 NAME: RANSIER, RICHARD
 STREET ADDRESS: 131 COMMODORE DRIVE
 CITY-ST-ZIP: JUPITER FL 33458

TITLE: SD DELETE
 NAME: RANSIER, CAROL
 STREET ADDRESS: 131 COMMODORE DRIVE
 CITY-ST-ZIP: JUPITER FL 33458

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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***375.00 Change Addition

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:

Richard Ransier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96
 Date

407 624-8305
 Daytime Phone #

CR2E034 (3/86)