

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000082202 (1)**

1. Corporation Name

NATIONAL INSURANCE MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

**1819 MAIN ST
STE 201
SARASOTA FL 34236
US**

**1819 MAIN ST
STE 201
SARASOTA FL 34236-5983
US**

3. Date Incorporated or Qualified

12/01/1993

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 101 CHARDIN DR.

26 101 CHARDIN DR.

4. FEI Number

65-0455750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

☐

Yes

☐

No

City & State

23 NOKOMIS, FL

City & State

28 NOKOMIS, FL

Zip

24 34275

Country

Zip

29 34275

Country

9. Name and Address of Current Registered Agent

**FRAZIER, GEOFFREY A.
1819 MAIN ST STE 201
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

101 CHARDIN DR.

83

84 City

NOKOMIS

FL

85 Zip Code

34275

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAZIER, GEOFFREY A	
STREET ADDRESS	232 ST JAMES PL	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUSZAKOWSKI, RICKY S	
STREET ADDRESS	441 EAST MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 CHARDIN DR.
1.4 CITY-ST-ZIP	NOKOMIS, FL 34275
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 CHARDIN DR.
2.4 CITY-ST-ZIP	NOKOMIS, FL 34275
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK PUSZAKOWSKI

Date

4/20/97

Daytime Phone #

941-918-8266

0427401

CR2E034 (9/96)