

**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 # P94000015712 (0)

1. Corporation Name

THE INSURANCE MARKETPLACE, INC.



Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 4001 N.W. 97 AVE

26 P.O. BOX 972137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 N/A

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33178

25 USA

29 33177-2137

30 USA

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

08/08/1995

4. FEI Number

65-0469755

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

LORIE, HERMINIO
299 ALHAMBRA CIR
STE 401
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name LORIE, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable) 4001 N.W. 97 AVE
83 Suite # 201
84 City Miami FL 85 Zip Code 33178

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 understand the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Robert F. Lorie Robert F. Lorie President 7/16/96

Signature block of principal name of registered agent and, if applicable, (NOTE: Registered Agent signature required when most filing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LORIS, HERMINIO	
STREET ADDRESS	1230 S.W. 131ST PLACE CIRCLE WEST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LORIE, ROBERT F	
STREET ADDRESS	17021 SW 139 PL	
CITY-ST-ZIP	MIAMI 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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	Delete this officer
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PRESIDENT
23 STREET ADDRESS	LORIE, ROBERT F.
24 CITY-ST-ZIP	No change in Address
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert F. Lorie Robert F. Lorie, President 7/16/96 (305) 593-9570 X208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)