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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
4001 NW 97 AVENUE
SUITE 201
MIAMI FL 33178
US

Mailing Address
P.O. BOX 972137
~~SUITE 201~~
MIAMI FL 33187-2137
US

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report: 07/22/1996
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

2. Principal Place of Business
21 4001 N.W. 97 AVE
Suite, Apt. #, etc.
22 SUITE 201
City & State
23 Miami, FL.
Zip
24 33178
Country
25 U.S.

2a. Mailing Address
26 P.O. BOX 972137
Suite, Apt. #, etc.
27 NONE
City & State
28 Miami, FL.
Zip
29 33197-2137
Country
30 US

9. Name and Address of Current Registered Agent

LORIE, ROBERT
4001 NW 97 AVENUE
SUITE 201
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: LORIE HERMINIO
82 Street Address (P.O. Box Number is not accepted): 1230 S.W. 131 PLACE Circle West
83
84 City: MIAMI FL 85 Zip Code: 33184

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: Robert F. Lorie Robert F. Lorie President 4/24/97

12. OFFICERS AND DIRECTORS

TITLE	P	<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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LORIE, ROBERT F.	
13 STREET ADDRESS	17021 S.W. 139 PL	
14 CITY-ST-ZIP	MIAMI, FL. 33177	
21 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HERMINIO LORIE	
23 STREET ADDRESS	1230 S.W. 131 PLACE Cir West	
24 CITY-ST-ZIP	MIAMI, FL. 33184	
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 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 file 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: Robert F. Lorie President 4/24/97 (305) 774-7302

CR2E034 (9/96)