FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT	#
1. Corporation Name	

P94000018226 (8)

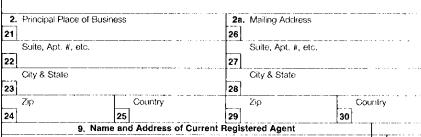
LENDERS INSURANCE CONSULTANTS, INC.

14137 PINE ISLAND DRIVE JACKSONVILLE FL 32224

Principal Place of Business

Mailing Address

14137 PINE ISLAND DRIVE JACKSONVILLE FL 32224



3a. Date of Last Report 05/01/1995

3. Date Incorporated or Qualified

03/08/1994

								1	00,00,1001	1	, v j v	.,
2.	Principal Place of Business			2a. Mailing Address 26			4. FFI Number				Applied For	
21							59-3247672				Not Applicable	
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc	c.			5.	. Certificate of Status Desired			75 Additional se Required
23	City & Stale			City & State			6.	. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip	Country 25	29	Zip	Gountry 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
						81	Name					
PAYNE, ROBERT D 14137 PINE ISLAND DRIVE JACKSONVILLE FL 32224			82	Street Addre	dress (P.O. Box Number is Not Acceptable)							
			83									
						84	City			FL	85	Zip Code
11	Pursuant to the provis or registered agent, or	r both, in the State of	Florida, Such	r change was autl	horized by the	corpo	amed corpora pration's board	ation s d of d	submits this statement for the purp directors. I hereby accept the appo	ose of char intment as r	nging i egiste	ts registered office red agent. I am

12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETE	1 1 11 LE	☐ Change	Addit or		
NAME	PAYNE, ROBERT D		1.2 NAME				
STREET ADDRESS	14137 PINE ISLAND DRIVE		1.3 STREET ADDRESS				
COTY - ST - ZIP	JACKSONVILLE FL 32224		1.4 CITY - ST - 7:P				
TITLE	ST	□ DELETE	2 1 TIFLE	Change	☐ Addition		
NAME	Payne, kay h		2.2 NAME				
STREET ADDRESS	14137 PINE ISLAND DRIVE		2 3 STREET ADDRESS				
CHTY-ST-ZIP	JACKSONVILLE FL 32224		2.4 CHY+ST+ZIP				
TITLE		DELETE	3. 1 TrTLF	☐ Change	☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP	,		3.4 CITY - ST - 7IF				
TITLE		□ DELETE	4.1 TITLE	☐ Change	Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
DITY-ST-ZIP			4.4 CITY - ST - ZIP				
ITLE		□ DELETE	5 1 TITLE	☐ Charige	Addition		
NAME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5 4 City - St - ZiP				
ITLE		☐ DELETE	6 1 TITLE	☐ Change	Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
PITV_ST. 7IP			6.4.00 × 61.70;				

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 of 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 Brock 13 if chapter 60, an an attachment with an address.

SIGNATURE:

Payne President 2/25/96