

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FLORIDA CORPORATIONS

1996 2-2396

B-1438

C

DOCUMENT # P94000023981 (1)

1. Corporation Name

FLORIDA INSURANCE MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~4201 HAYS ST.~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~

~~1801 HAYS ST.~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3208 C East Colonial Dr.		26 Post Office Box 1319		03/29/1994		02/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 288		27		59-3235161		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Orlando, FL		28 Lake Wales, Florida		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 32803		29 33859-1319		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ALLAN F	1.2 NAME	
STREET ADDRESS	737 CARLTON AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WALES FL	1.4 CITY-STATE-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, BRUCE J	2.2 NAME	
STREET ADDRESS	700 HUNT CIRCLE	2.3 STREET ADDRESS	250 E. Park Avenue
CITY-STATE-ZIP	LAKE WALES FL	2.4 CITY-STATE-ZIP	Lake Wales, FL 33853
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGLUND, TERRY R	3.2 NAME	
STREET ADDRESS	1000 GARDEN LAKE DRIVE	3.3 STREET ADDRESS	250 E. Park Avenue
CITY-STATE-ZIP	WINTER HAVEN FL	3.4 CITY-STATE-ZIP	Lake Wales, FL 33853
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DEANA M	4.2 NAME	
STREET ADDRESS	730 CAMBRIDGE WAY	4.3 STREET ADDRESS	250 E. Park Avenue
CITY-STATE-ZIP	LAKE WALES FL	4.4 CITY-STATE-ZIP	Lake Wales, FL 33853
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE:

Allan F. Brooks

Allan F. Brooks, President

02/01/96 (800) 394-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)