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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000023981 (1)**
1. Corporation Name

FLORIDA INSURANCE MANAGEMENT GROUP, INC.

Principal Place of Business 3208-C EAST COLONIAL DRIVE SUITE 200 ORLANDO FL 32803 US	Mailing Address P.O. BOX 1319 LAKE WALES FL 33859-1319 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/29/1994
24		29		4. FEI Number 59-3235161
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CorpAmerica, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1525 South Andrews Ave., Suite 216
83
84 City Fort Lauderdale
85 Zip Code FL 33316

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 *Barbara O. Fisher*

2/23/98
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, ALLAN F 737 CARLTON AVE LAKE WALES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P D Mathewson, Anthony K. 250 East Park Avenue Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GILBERT, BRUCE J 250 EAST PARK AVENUE LAKE WALES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Bradley, Helene M. 250 East Park Avenue Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORGLUND, TERRY R 250 EAST PARK AVENUE LAKE WALES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DEANA M 250 EAST PARK AVENUE LAKE WALES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Browning, Kimberly A. 250 East Park Avenue Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, LOU 244 E PARK AVE LAKE WALES FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment to this report.

SIGNATURE:

Anthony K. Mathewson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-98
Date

(800) 344-2767
Daytime Phone #

CP2E034 (10/97)