

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 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 # P95000090690 (5)
 1. Corporation Name
INSURANCE AND FINANCIAL BROKERS INC.



Principal Place of Business 14112 SNEAD CIR ORLANDO FL 32837 US	Mailing Address 3956 TOWN CENTER BLVD. #159 ORLANDO FL 32837
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9521 S Orange Blossom Trail		2a. Mailing Address 26 9521 S Orange Blossom Trail		3. Date Incorporated or Qualified 11/27/1995	
Suite, Apt. #, etc. 22 Suite 111		Suite, Apt. #, etc. 27 Suite 111		4. FEI Number 59-3410584	
City & State 23 Orlando, FL		City & State 28 Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32837		Zip 29 32837		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Orange		Country 30 Orange		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 ACKERMAN, DENNIS J 14112 SNEAD CIRCLE ORLANDO FL 32837				10. Name and Address of New Registered Agent	
81 Name 9521 S Orange Bloss. Tr. Suite 111 Orlando, FL 32837				81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)	
83				83	
84 City				84 City	
85 Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PS ACKERMAN, DENNIS J 14112 SNEAD CIR ORLANDO FL 32837	<input type="checkbox"/> DELETE	9521 S OBT Suite 111
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE: Dennis J Ackerman 4-20-98 407-858-0580
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0540726

CR2E034 (10/97)