

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90027 012 ***150.00

DOCUMENT # P96000015415

1. Corporation Name

INSURANCE RESOURCE GROUP, INC.

Principal Place of Business

3711 N.W. 115 TERRACE
SUNRISE FL 33323

Mailing Address

3711 N.W. 115 TERRACE
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

65-0641792

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4051 NW 84th Terrace

2a. Mailing Address

26 PO Box 451215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise FL

City & State

28 Sunrise FL

Zip

24 33351

Country

25 USA

Zip

29 33345-1215

Country

30 USA

9. Name and Address of Current Registered Agent

GREENSTEIN, LENNY
3711 N.W. 115 TERRACE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GREENSTEIN, LENNY
STREET ADDRESS 3711 N.W. 115 TERRACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE D ☐ DELETE

NAME GREENSTEIN, CATHERINE
STREET ADDRESS 3711 NW 115 TERRACE
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME KANTOR, ERIC
STREET ADDRESS 7030 TACOMA MALL BLVD #305
CITY-ST-ZIP TACOMA WA 98409

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME Greenstein, Lenny
1.3 STREET ADDRESS 4051 NW 84 Terrace
1.4 CITY-ST-ZIP Sunrise, FL 33351

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME Greenstein, Catherine
2.3 STREET ADDRESS 4051 NW 84 Terrace
2.4 CITY-ST-ZIP Sunrise, FL 33351

3.1 TITLE Director ☐ Change ☐ Addition

3.2 NAME Kantor, Eric
3.3 STREET ADDRESS PO Box 9563
3.4 CITY-ST-ZIP Tacoma, WA 98409

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Catherine Greenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Greenstein 4/12/99 954-749-1531

Date

Daytime Phone #

CR2E034 (11/98)

0005685