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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102600 (9)

INSIGHT ENTERPRISIS, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 545 SWEET WOOD WAY 545 SWEET WOOD WAY WEST PALM BEACH FL 33414-4973 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0721964 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zin Z Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLANCH, ELEANOR J 545 SWEET WOOD WAY 82 Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33414 83 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 Lorida. 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE. TITLE 1.1 TOLE **BLANCH, ELEANOR J** NAME 1.2 NAME **545 SWEET WOOD WAY** 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **BLANCH, FRANK J** 2.2 NAME NAME **545 SWEET WOOD WAY** 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DILLETE 41 TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST- 7(P CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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. changed, or on an attachment with an address 61 ... TRI

6.4 CITY - ST - ZIP

FILED

May 01 1997 8:00am

Secretary of State