

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # P97000001437 (7)

1. Corporation Name

HEALTH INSURANCE MARKETING, INC.



Principal Place of Business

1133 SOUTH UNIVERSITY DR.
SUITE 200
PLANTATION FL 33324

Mailing Address

1133 SOUTH UNIVERSITY DR.
SUITE 200
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0737630

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 16357

27 Suite, Apt. #, etc.

28 City & State

29 33318-6357 30 Country

9. Name and Address of Current Registered Agent

ASH, ROBERT L
1133 SOUTH UNIVERSITY DR.
SUITE 200
PLANTATION FL 33324

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 *Robert L. Ash, PRES.*

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

(NOTE: Registered Agent signature required when reinstating)

7/21/98
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ASH, ROBERT L
STREET ADDRESS 1133 SOUTH UNIVERSITY DR., SUITE 200
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

600002615616

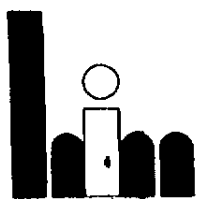
-08/13/98--01103--003

***150.00

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 *Robert L. Ash, PRES.* *doyle* (407) 424-7400

CR2E034 (5/98)



health insurance marketing

group • individual • medical • disability • life

2

July 21, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Ref: P97000001437 (7) Late Fee

Gentlemen:

I just received my 1998 "Profit Corporation Annual Report" indicating "2ND Notice" and a late filing fee of \$550.00. I must insist that I never received any request for filing prior to receiving this late notice. I have enclosed my check #1098 for \$150.00 payable to: Florida Department of State. Please accept this check as being filed on time.

Thank you for your understanding in this matter,

Sincerely yours,
Health Insurance Marketing, Inc.

Robert L. Ash,
President