


FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90005 020 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # P97000001437 1. Corporation Name HEALTH INSURANCE MARKETING, INC. | | | |
| Principal Place of Business 1133 S. UNIVERSITY DRIVE SUITE 200 PLANTATION, FL 33324-3303 | | Mailing Address P.O. Box 16357 PLANTATION, FL 33318-6357 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 21 1133 S. UNIVERSITY DRIVE Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 16357 Suite, Apt. #, etc. | |
| 22 SUITE 200 City & State | | 27 PLANTATION, FL City & State | |
| 23 PLANTATION, FL Zip Country | | 28 PLANTATION, FL Zip Country | |
| 24 33324-3303 25 Broward | | 29 33318-6357 30 Broward | |
| 3. Date Incorporated or Qualified 01/01/1997 | | | |
| 4. EIN Number 65-0737630 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. Name and Address of Current Registered Agent ASH, ROBERT L. P.O. Box 16357 PLANTATION, FL 33318-6357 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) 1133 S. UNIVERSITY DRIVE, #200 | |
| 83 | | 84 City PLANTATION, FL | |
| 85 Zip Code 33324 | | | |
| 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 <input type="checkbox"/> DELETE NAME ROBERT L. ASH STREET ADDRESS 1133 S. UNIVERSITY DRIVE, #200 CITY-ST-ZIP PLANTATION, FL 33324-3303 | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(954) 474-7400

Daytime Phone #

CR2E034 (1/98)