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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700009778

LINE DESCRIPTION IN

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

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INSURAN	NCE RESOURCES INC.		•							
Principal Place	e of Business	Mailing Address				[{###!\$### 14# 1### 1#### 1###################	#111 0 0 111 0 0 111 0 0 11	1 60156 16111 16611		!
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						01/27/1997	_		_ 	1
2. Principal Place of Business		2a. Mailing Address			'	4. FEI Number			plied For	
21		26				59-3418615			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗌	\$8.75 A	. (_
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City & State	e	28			[]	Election Campaign Finan Trust Fund Contribution		Added t		ļ
Zip	Country	Zip	Count	ry		8. This corporation owes the	current vear l			
24	25	29	30	•	Ì,	Personal Property Tax.	,	Yes	□No	١
	9. Name and Address of Current				1	0. Name and Address of N	lew Registere	d Agent		i
			8	1 Name)				ļ	j
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TRE/	ASURE ISLAND FL 33706		8	3						i
}	•			4 City				85 Zip (Code	,
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the abo	ve-named	corporat	tion submits this statement it	or the purpose (ointment as re	distered	1
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the about thorized b rida Statute	ve-named by the comp es.	d corporat poration's	board of directors. I hereby	accept the app	ointment as re	gistered	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the about thorized b rida Statute	ve-named by the comp es.	d corporat poration's	board of directors. I hereby	accept the app	ointment as re	gistered	į
11. Pursuant office or r agent. I a SIGNATURE	rn familiar with, and accept the obligat	it and title if applicable. (NOTE	Registered A	<i>1</i> 5.		en reinstating)	DATE			(00
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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

1 4-15-94

ノ(722)367-12-40 Daytime Phone #