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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98

DOCUMENT #

P97000026785 (0)

INSURANCE INTERMEDIARY CONSULTING GROUP, INC.

**FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			ı rabitabı tib janır obbit Bein adırı abiti batıfı ıraıb bitir cedar tarbı bitir tabı.
2536 COUNTRYSIDE BLVD. SIXTH FLOOR		2536 COUNTRYSIDE BLVD SIXTH FLOOR		FLOOR	
CLEARWATER FL 34623		CLEANWATER FL 34623	CLEARWATER FL 34623		DO NOT WRITE IN THIS SPACE
					3, Date Incorporated or Qualified
					03/20/1997
2, Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			ADDITULE TO L. Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			58 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Coun	try	8. This corporation owes or has paid the current year Intangible
24 3376	3 25	33763	30		Personal Property Tax due June 30. ** Yes \( \square\) No
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
DOI <b>49NA,</b> HEATHER L				Name	
2536 COUNTRYSIDE BLVD., SIXTH FLOOR			5	82 Street Address (P.O. Box Number is Not Acceptable)	
	EARWATER FL 34623		1		
			[8	33	
ı			ļ.	34 City	les   70 Codo
				City	FL 85 Zip Code 33763
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ove-named	correction 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 nerved name of registered agent and title diapposable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OF LICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<b>XX</b> DELETE	1.1 1110	E	P/D/S/T Change **Addition \$
NAME	DOUDNA, HEATHER L		1.2 NAM	IE	PEPE, W. DENNIS
STREET ADDRESS 2536 COUNTRYSIDE BLVD., SIXTH		SIXTH FLOOR			2536 Countryside Blvd., Sixth Floor
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY	- S1 - ZIP	Clearwater, FL 33763
TITLE	☐ DELETE 2.17		2.1 TITL	E	Change Addition C
NAME			2.2 NAM	lE	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP	
TITLE	DELETE 3.1 T		3.1 TITL	E	☐ Change ☐ Addition
NAME			3.2 NAM	IE .	<b>\</b>
STREET ADDRESS	·		3.3 STR	EE1 ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ D£LETE	41 TiTU	1	Change Addition
NAME			4. 2 NA	1	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			_	-ST-ZIP	
TITLE		DELETE	5.1 TITL	ì	☐ Change ☐ Addition
NAME			5.2 NAM	IE .	
STREET ADDRESS			5 3 STRI	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-SI-ZIP	
TITLE		☐ DELETE	6.1 TiTL	ŧ	☐ Change ☐ Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STR	EET ADDRESS	
CITY-ST-ZIP			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 trusted 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 organ attachment with an address

Dennis Pene Pres 3/11/98 (813)726-0726