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Secretary of State

03-05-1999 90087 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000039792 1. Corporation Name THE ASSURANCE AGENCY, INC.		



Principal Place of Business 5100 BURCHETTE RD., SUITE 1701 TAMPA FL 33647	Mailing Address 5100 BURCHETTE RD., SUITE 1701 TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1998	
21	Suite, Apt. #, etc.	26	16057 Tampa Palms Blvd. W.	4. FEI Number	59-3509146
22	City & State	27	FL 33647	Applied For	Not Applicable
23	Zip	28	TAMPA FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	33647	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		30	Hillsborough	7. Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIELL, BRUCE 5100 BURCHETTE RD., SUITE 1701 TAMPA FL 33647		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 *Bruce Daniel*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	BRUCE DANIELL	1.2 NAME	
STREET ADDRESS	16057 TAMPA PALMS BLVD. W #161	1.3 STREET ADDRESS	none
CITY-ST-ZIP	TAMPA, FL 33647	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS	none	2.3 STREET ADDRESS	none
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	none	3.3 STREET ADDRESS	none
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS	none	4.3 STREET ADDRESS	none
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS	none	5.3 STREET ADDRESS	none
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS	none	6.3 STREET ADDRESS	none
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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/99 (813) 910-7335

CR2E034 (1/1/98)