

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90056 024 ***150.00

DOCUMENT # P98000070662 ✓
1. Corporation Name
INSURANCE GALLERY OF FLORIDA, INC.

Principal Place of Business Mailing Address
6728 KEENA DRIVE
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>6728 KEENA DR.</u> Suite, Apt. #, etc. 22 City & State 23 <u>NEW PORT RICHEY FL</u> Zip Country 24 <u>34653</u> 25 <u>USA</u>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <u>8/98</u>	4. FEI Number <u>593525581</u> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <u>KONSTANCE BRUNER-BROOKS</u> <u>6728 KEENA DR.</u> <u>NEW PORT RICHEY FL 34653</u>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>PRES.</u>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>KONSTANCE BRUNER-BROOKS</u>		1.2 NAME	
STREET ADDRESS <u>6728 KEENA DR.</u>		1.3 STREET ADDRESS	<u>ADDRESS</u>
CITY-ST-ZIP <u>NEW PORT RICHEY FL 34653</u>		1.4 CITY-ST-ZIP	
TITLE <u>V-P.</u>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JACLYN BROOKS</u>		2.2 NAME	
STREET ADDRESS <u>6728 KEENA DR.</u>		2.3 STREET ADDRESS	<u>ADDRESS</u>
CITY-ST-ZIP <u>NEW PORT RICHEY FL 34653</u>		2.4 CITY-ST-ZIP	
TITLE <u>V-P.</u>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JORDON BROOKS</u>		3.2 NAME	
STREET ADDRESS <u>6728 KEENA DR.</u>		3.3 STREET ADDRESS	<u>ADDRESS</u>
CITY-ST-ZIP <u>NEW PORT RICHEY FL 34653</u>		3.4 CITY-ST-ZIP	
TITLE <u>SEC.</u>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JOCelyn Bruner</u>		4.2 NAME	
STREET ADDRESS <u>1627 HOBSON RD</u>		4.3 STREET ADDRESS	<u>ADDRESS</u>
CITY-ST-ZIP <u>FT. WAYNE IN 46805</u>		4.4 CITY-ST-ZIP	
TITLE <u>TRES.</u>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JASON BRUNER</u>		5.2 NAME	
STREET ADDRESS <u>10018 COBURG DR.</u>		5.3 STREET ADDRESS	<u>ADDRESS</u>
CITY-ST-ZIP <u>FT. WAYNE IN 46825</u>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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

Date

Daytime Phone #

KONSTANCE BRUNER-BROOKS 4-30-99 1-800-828-6608

CR2E034 (1/98)