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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104812

IBC INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

780 DELTONA BLVD., SUITE 201 DELTONA FL 32725

780 DELTONA BLVD.. SUITE 201 DELTONA FL 32725

FILED Apr 15, 1999 8:00 am Secretary of State

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DELIGITATE GENES		DELIGIAL TE GELES			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	1		
					12/14/1998			
2. Principal Pla	ace of Business	2a. Mailing Address		·	4. FEI Number		X Ap	plied For
21		26				-	No	t Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.		_	E Cartifecto of Status Desired		\$8.75 A	dditional
22	•	27			5. Certificate of Status Desired	. X	Fee Re	quired
City & State	9	City & State	-		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	. П	Added t	o Fees
Zip	Country	Zip	Coun	ntry	8. This corporation owes the cu	ment year Intar	ngible	
24	25	29	30		Personal Property Tax.		□ Yes	No
<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	gent	
	**************************************			81 Name				
~~~ Urseth, James R				82 Street Add	ress (P.O. Box Number is Not Accep	table)		
780 Di	ELTONA BLVD., SUITE 201		[	50 BEEL AUG	ress (F.O. Box Number is Not Accep	labie)		
DELTO	)na fl 32725			83				
			L				Ta 1 ~	
			1	84 City		FI	85 Zip (	ode
44 Dureuant t	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the ab	nove-named corr	poration submits this statement for the	e purpose of cl	hanging its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	thorized	by the corporati	ion's board of directors. I hereby according	ept the appoint	ment as re	gistered
agent. I an	n familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statu	tes.				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if anylyable (NOTE: I	Registered (	Agent signature require	ed when reinstation)	DATE		
12.	OFFICERS ANI		13.	agont organization require	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
TITLE	<u> </u>	☐ DELETE	1.1 7771	LE -	Soseph A. Naul	•	☐ Change	Addition
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CITY-ST-ZIP					· · · · · · · · · · · · · · · ·			
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tated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati signature shall have the same legal effect as if made under oath; that I am an an increase by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this indicated on this annual report or supplemental annual report is true ar officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: