

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

FILED
May 14 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S19394 (3)
1. Corporation Name
THE INSURANCE GROUP, INC.



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|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 28463 US 19 NORTH CLEARWATER FL 34621 | Mailing Address 28463 US 19 NORTH CLEARWATER FL 34621 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 2300 Curlew Road Suite, Apt. #, etc. 22 2nd Floor City & State 23 Palm Harbor, FL Zip 24 34683 Country 25 USA | | 2a. Mailing Address 26 2300 Curlew Road Suite, Apt. #, etc. 27 2nd Floor City & State 28 Palm Harbor, FL Zip 29 34683 Country 30 USA | | 3. Date Incorporated or Qualified 12/14/1990 | |
| | | | | 4. FEI Number 59-3046249 | |
| | | | | 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent KLIMCZAK, PAUL J. 28463 US 19 NORTH CLEARWATER FL 34621 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2300 Curlew Road 83 2nd Floor 84 City Palm Harbor FL 85 Zip Code 34683 | |
|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-----------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLIMCZAK, PAUL J. | 1.2 NAME | |
| STREET ADDRESS | 28463 US HWY 19N | 1.3 STREET ADDRESS | 2300 Curlew Road, 2nd FL |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | Palm Harbor, FL 34683 |
| TITLE | DP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LONG, CLYDE H., JR. | 2.2 NAME | |
| STREET ADDRESS | 29190 US HWY 19N | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUSSEAR, ROBERT E. | 3.2 NAME | |
| STREET ADDRESS | 2380 DREW ST. STE 5 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHESSON, PHILLIP | 4.2 NAME | |
| STREET ADDRESS | 1471 NOELL BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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.

SIGNATURE  6/2/98 6/2/98-2800

CR2E034 (10/97)