

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAR 13 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **S29746** (2)
 1. Corporation Name
ALERT INSURANCE NETWORK INC.

Principal Place of Business: 2010 NANCY LUTZ FL 33549
 Mailing Address: 8342 N ARMENA AVE TAMPA FL 33604 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with handwritten "NO CHANGE" in 22, 27, 28, 29, and 30.

3. Date Incorporated or Qualified: 02/04/1991
 3a. Date of Last Report: 04/13/1994
 4. FEI Number: 59-3050829
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 SIERRA, PETE R.
 8342 N ARMENIA AVE
 TAMPA, FLORIDA
 TAMPA FL 33604
NO CHANGE

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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: _____ (NOTE: Registered Agent signature required when consisting of _____) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	SIERRA, PETE R.
STREET ADDRESS	2010 NANCY
CITY-ST-ZIP	LUTZ FL
TITLE	D
NAME	SIERRA, PETE R.
STREET ADDRESS	2010 NANCY
CITY-ST-ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	288881435405
2.3 STREET ADDRESS	-03/15/95--01077--002
2.4 CITY-ST-ZIP	****400.00 ****200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DEA
6.3 STREET ADDRESS	3-13
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered 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: X *[Signature]* 3-6-95 813-831-5551
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Month/Day/Year)