

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # S40285 (6)
1. Corporation Name

INSURANCE SOFTWARE PACKAGES, INC.

95 JUN 26 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3611 QUEEN PALM DR. 3611 QUEEN PALM DR.
TAMPA, FL 33619 TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/25/1991
3a. Date of Last Report 04/21/1994
4. FEI Number 59-3090233 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 26
Sute, Apt. #, etc. Sute, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
REDMOND, DAVID L.
3611 QUEEN PALM DRIVE
TAMPA, FL 33619
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1. TITLE	P
NAME	HARRELL, CECIL S.	1.2 NAME	MARKS, ROBERT H.
STREET ADDRESS	3611 QUEEN PALM DR.	1.3 STREET ADDRESS	3611 QUEEN PALM DR.
CITY-ST-ZIP	TAMPA, FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	V	2.1 TITLE	V
NAME	CANNON, GEORGE	2.2 NAME	CERRE-RUEDISILI, DEBRA
STREET ADDRESS	3611 QUEEN PALM DR.	2.3 STREET ADDRESS	3611 QUEEN PALM DR.
CITY-ST-ZIP	TAMPA, FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	DP	3.1 TITLE	DV
NAME	MARTIN, BERTRAM T. JR.	3.2 NAME	MARTIN, BERTRAM T. JR.
STREET ADDRESS	3611 QUEEN PALM DR.	3.3 STREET ADDRESS	3611 QUEEN PALM DR.
CITY-ST-ZIP	TAMPA, FL	3.4 CITY-ST-ZIP	TAMPA, FL
TITLE	D	4.1 TITLE	V
NAME	CAMPBELL, DAVID N.	4.2 NAME	PAGE, GERALD R.
STREET ADDRESS	3611 QUEEN PALM DR.	4.3 STREET ADDRESS	3611 QUEEN PALM DR.
CITY-ST-ZIP	TAMPA, FL	4.4 CITY-ST-ZIP	TAMPA, FL
TITLE	VST	5.1 TITLE	
NAME	REDMOND, DAVID L.	5.2 NAME	
STREET ADDRESS	3611 QUEEN PALM DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	GERLACH, GERALD R.	6.2 NAME	
STREET ADDRESS	3611 QUEEN PALM DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	6.4 CITY-ST-ZIP	

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*****8.75 *****8.75

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)(a), 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 a receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 changed by an attachment with an address.

SIGNATURE: *David N. Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Type in Block 13)

6-24-95 (83) 202078

340285

INSURANCE SOFTWARE PACKAGES, INC.
F.E.I. #59-3090233

STATEMENT ATTACHED TO AND MADE PART OF
FLORIDA CORPORATION ANNUAL REPORT
1995

OFFICERS AND DIRECTORS CONTINUED:

TITLE: D
NAME: HOLT, W. SEYMOUR
ADDRESS: 3611 QUEEN PALM DRIVE
CITY-ST-ZIP: TAMPA, FLORIDA 33619

TITLE: D
NAME: FRUITT, PETER T.
ADDRESS: 3611 QUEEN PALM DRIVE
CITY-ST-ZIP: TAMPA, FLORIDA 33619