

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S40285** (6)

1. Corporation Name  
**INSURANCE SOFTWARE PACKAGES, INC.**



Principal Place of Business  
**3611 QUEEN PALM DR  
TAMPA FL 33619**

Mailing Address  
**3611 QUEEN PALM DR  
TAMPA FL 33619**

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **06/26/1995**

2. Principal Place of Business  
21 **5111 Rogers Avenue**

2a. Mailing Address  
26 **5111 Rogers Avenue**

4. FEI Number **59-3090233** Applied For Not Applicable

Suite, Apt. #, etc.  
22 **Suite 40-A**

Suite, Apt. #, etc.  
27 **Suite 40-A**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **Fort Smith, AR**

City & State  
28 **Fort Smith, AR**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
24 **72919-0155** 25 **Sebastian**

Zip Country  
29 **72919-0155** 30 **Sebastian**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **700001833277**  
83 **-05/21/96--01162--019**  
**\*\*\*200.00**  
84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and date if applicable. If "I" is Registered Agent, Signature required when "I" is not.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DV	<input checked="" type="checkbox"/>
NAME	HARRELL, CECIL S	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	CERRE-RUEDISILI, DEBRA	
STREET ADDRESS	3611 QUEEN PALM DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	MARTIN, BERTRAM T JR	
STREET ADDRESS	3611 QUEEN PALM DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CAMPBELL, DAVID N	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VST	<input checked="" type="checkbox"/>
NAME	REDMOND, DAVID L	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	GERLACH, GERALD R	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Mathies, William A.		
1.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
1.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	D/EV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Stephens, Bobby W.		
2.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	D/VS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Pommerville, Robert W.		
3.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
3.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	D/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Banks, David R.		
4.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
4.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	D/VC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Hendrickson, Boyd W.		
5.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
5.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	VP/AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	MacKenzie, John W.		
6.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A		
6.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155		

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 119.07(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 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, changed or of an attachment with an address.

SIGNATURE: *John W. MacKenzie* John W. MacKenzie 4/25/96 501-484-8465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)