FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47468** **(1)**

1. Corporation Name
INSURMAX, INC.

Principal Place of Business	Mailing Address
23123 ST. RD. 7 SUITE 200 BOCA RATON FL 33428	23123 ST. RD. 7 SUITE 200 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1483 SO. CONGRESS AVE.
22: Suite, Apt. #, etc.
23: City & State: DELRAY BEACH, FL
24: Zip: 33445
25: Country: PALM BEACH

2a. Mailing Address
26: 1483 SO. CONGRESS AVE.
27: Suite, Apt. #, etc.
28: City & State: DELRAY BEACH, FL
29: Zip: 33445
30: Country: PALM BEACH

4. FEI Number: 65-0256108 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STERN, MAXINE J.
23123 STATE ROAD 7
SUITE 200
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable): 1483 SO. CONGRESS AVE.
93
94 City: DELRAY BEACH FL 95 Zip Code: 33445

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☒ Change ☐ Addition
NAME	STERN, SAUL J.	12 NAME		
STREET ADDRESS	23123 ST. RD. 7, #200	13 STREET ADDRESS	1483 SO. CONGRESS AVE.	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VST	21 TITLE		☒ Change ☐ Addition
NAME	STERN, LAWRENCE C.	22 NAME		
STREET ADDRESS	23123 ST. RD. 7, #200	23 STREET ADDRESS	1483 SO. CONGRESS AVE.	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	STERN, MAXINE, J	32 NAME		
STREET ADDRESS	23123 STATE RD. 7, #200	33 STREET ADDRESS	1483 SO. CONGRESS AVE.	
CITY-ST-ZIP	BOCA RATON FL 33428	34 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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, added or deleted.

SIGNATURE: Maxine J. Stern Pres — MAXINE J. STERN — 4/5/95 — 407 276-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0255448 CP