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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

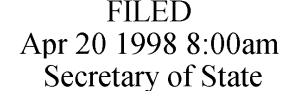
Sandra B. Mortham

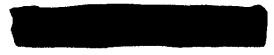
Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

S48131

Insurance Resource Alliance, Inc.





Principal Place of Business				Mailing Address								
4180 BELFORT ROAD 490				4190 BELFORT ROAD 450								
JACKSONVILLE FL 32216				JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE				
US				US				3. Date Incorporated or Qualified				
								04/25/1991				
2. Principal Place of Business				2a. Mailing Address							Applied For	
21	]			26				<b>59-3061520</b> Not Applicat				
Suite, Apt. #, etc.				Suito, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Addition			75 Additional	
22				27				5, Certificate of Status Desired			Fee Required	
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
23	<u> </u>			28								
_	Zip 🛊	Country Zip			Cou	Country		8. This corporation owes or has paid the current year Intangible				
24		25	29		30				Tologia Troporty Tax des care con	] Yes	<b>IX</b> No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
BINCAZK, RODNEY W.						81	Name					
4190 <b>Be</b> lfort RD. Suite 450							Streel Address (P.O. Box Number is Not Acceptable)					
							<b>84</b>   City   **** [5]. [1]					
11	<ul> <li>office or registered ac</li> </ul>	sions of Sections 607.05 gent, or both, in the State ith, and accept the oblic	e of Flori	rida. Such change <b>wa</b> :	is authorize	d by	the corporation	oration on's b	on submits this statement for the purpose of board of directors. I hereby accept the appoint	changi intmen	ng its registered it as registered	
COMPANIES												

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. V.P. Operations X Addition DELETE Change 1.1 TITLE TITLE BINCZAK, RODNEY W. John Cole 1.2 NAME 4190 BELFORT ROAD, SUITE 450 1.3 STREET ADDRESS |4190 Belfort Rd., Ste 450 STREET ADDRESS JACKSONVILLE FL Jacksonville, FL 32216 14 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE 21 HITLE Change x Addition V.P. Advanced Planning NAME 2.2 NAME William Parrott 2.3 STREET ADORESS STREET ADDRESS 4190 Belfort Rd., Ste 450 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Jacksonville, FL 32216 DELETE Change Addition 3.1 TILLE TITLE V.P. Products William B. Beck 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 4190 Belfort Rd., Ste 450 CITY-ST-ZIP 3.4. CITY-ST-ZIP Jacksonville, FL 32216 DELETE Change X Addition TITLE 4.1 TITLE Corporate Secretary NAME 4. 2 NAME Sherry Nolan 4.3 STREET ADDRESS STREET ADDRESS 4190\Belfort Rd., Ste 450 CITY-ST-ZIP 4.4 CITY-ST-ZIP Jacksonville, FL 32216 Addition DELETE Change TITLE 5.1 1/TLE Treasurer 5.2 NAME NAME Sally Binczak STREET ADDRESS 5.3 STREET ADDRESS 4190 Belfort Rd., Ste 450 ·au CITY-ST-ZIP 5.4 CITY - ST - ZIP Jacksonville, FL 32216 DELETE Change \_\_\_ Addition TITLE 61 TITLE President Rodney W. Binczak NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 4190 Belfort Rd., Ste 450

14. Thereby 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 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 supplied entire the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 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 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 in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Sect

4-10-08