

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S48131** (4)

1. Corporation Name
DIMENSION BROKERAGE SERVICES, INC.

Insurance Resource Alliance, Inc.

Principal Place of Business

Mailing Address

4190 BELFORT ROAD
490
JACKSONVILLE FL 32216
US

4190 BELFORT ROAD
450
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1991

4. FEI Number

59-3061520

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BINCZAK, RODNEY W.
4190 BELFORT RD.
SUITE 450
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

800002493098

83

-04/20/98--01021--012

84 City

***150.00

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

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	POST	<input type="checkbox"/> DELETE
NAME	BINCZAK, RODNEY W.	
STREET ADDRESS	4190 BELFORT ROAD, SUITE 450	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P. Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Cole	
1.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
1.4 CITY-ST-ZIP	Jacksonville, FL 32216	
2.1 TITLE	V.P. Advanced Planning	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Parrott	
2.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
3.1 TITLE	V.P. Products	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William B. Beck	
3.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
4.1 TITLE	Corporate Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sherry Nolan	
4.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
4.4 CITY-ST-ZIP	Jacksonville, FL 32216	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sally Binczak	
5.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
5.4 CITY-ST-ZIP	Jacksonville, FL 32216	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rodney W. Binczak	
6.3 STREET ADDRESS	4190 Belfort Rd., Ste 450	
6.4 CITY-ST-ZIP	Jacksonville, FL 32216	

14. I hereby 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 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, or on an attachment with an address.

SIGNATURE

4-10-98

9/11/98

CR2E034 (10/97)