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FILED

Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90024 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S48131

1. Corporation Name
INSURANCE RESOURCE ALLIANCE, INC.

Principal Place of Business
4190 BELFORT ROAD
450
JACKSONVILLE FL 32216
US

Mailing Address
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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BINCAZK, 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)

83

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BINCZAK, RODNEY W.
STREET ADDRESS
4190 BELFORT ROAD, SUITE 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
COLE, JOHN
STREET ADDRESS
4190 BELFORT RD., STE. 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
PARROTT, WILLIAM
STREET ADDRESS
4190 BELFORT RD., STE. 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
BECK, WILLIAM B
STREET ADDRESS
4190 BELFORT RD., STE. 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
NOLAN, SHERRY
STREET ADDRESS
4190 BELFORT RD., STE. 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
BINCZAK, SALLY
STREET ADDRESS
4190 BELFORT RD., STE. 450
CITY-ST-ZIP
JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

JOHN S. COLE
SIGNED

Date

Daytime Phone #

1-5-99

904-2964100

CR2E034 (11/98)