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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S70705

171

DOCUMENT # S70795 (7)  INSURANCE SERVICES GROUP, INC.									
Principal Place	of Business	Mailing /	Address						
P.O. BOX 162025 ALTAMONTE SPRINGS FL 32716-2025		P.O.	P.O. BOX 162025 ALTAMONTE SPRINGS FL 32716-2025						
						<ol> <li>Date Incorporated or Qualified 08/05/1991</li> </ol>		of Last R 03/10/1	•
2. Principal Place of Business  Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.			FO 003F300			Applied For Not Applicable
		Suite				5. Certificate of Status Desired  \$8.75 Addition			Additional
2 City & State		27 City	& State			6. Election Campaign Financing			Required
3		28				Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip 4	Country 25	Zip <b>29</b>	<del></del>	Countr 30	У	8. This corporation has liability fo	or intangible tax	x under s	199.032,
<u>'1</u>		of Current Registered	Agent	[30]		10. Name and Address of New		Agent	
			<del></del>	B1	1 Name				
	MPLE, RICHARD J.			82	2 Street Add	iress (P.O. Box Number is Not Accepta	able)		
	ORTH S.R. 434								
SUITE		744		83	3				
ALIAM	ionte springs fl 32	// 1 <del>4</del>		-2	4 City			85 Zi	p Code
11. Pursuant to or registere familiar with	o the provisions of Sections ad agent, or both, in the St h, and accept the obligation	s 607.0502 and 607.1500 ate of Florida. Such chan ns of, Section 607.0505,	8, Florida Statute ige was authorize Florida Statutes.	es, the above- ed by the corp	,	oration submits this statement for the pard of directors. I hereby accept the ap	urpose of char pointment as r		registered office Lagent, Lam
If. Pursuant to or registere familiar with	Signature, typed or printed name of re		le (NO	es, the above ed by the corp	,	ed when reinstating;	urpose of char pointment as r	nging its r registered	
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SIGNATURE: \_

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