

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S75052 (8)

1. Corporation Name

INSURANCE MANAGEMENT INFORMATION SERVICES, INC.

Principal Place of Business

P.O. BOX 15707  
ST. PETERSBURG FL 33733  
US

Mailing Address

P.O. BOX 15707  
ST. PETERSBURG FL 33733  
US



3. Date Incorporated or Qualified  
08/21/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANO, G. KRISTIN  
360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

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 date, if applicable.

(NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DC	MENKE, ROBERT M.	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
DP	MEEHAN, DAVID K.	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
DT	HUSSEMAN, EDWIN C.	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
DS	DELANO, G. KRISTIN	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
V	MENKE, ROBERT G.	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>
V	KING, KELLY K.	360 CENTRAL AVE.	ST. PETERSBURG FL	<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

800001798128  
-04/29/96--01032--011  
\*\*\*7800.00

2/4/97

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano, Secretary

February 29, 1996 (813) 823-4000 ext4416

Daytime Phone

Daytime Phone

CR2E034 (12/95)