

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S76335 (6)

1. Corporation Name
INSURANCE MARKETING RESOURCES, INC.

Principal Place of Business Mailing Address
~~%KIT&S REGISTERED AGENT CORPORATION~~ ~~%KIT&S REGISTERED~~
~~1401 Brickell Ave Ste 700~~ ~~AGENT CORPORATION~~
~~Miami, FL 33131~~ ~~1401 Brickell Ave~~
~~Ste 700, Miami,~~
~~FL 33131~~

2. Principal Place of Business 2a. Mailing Address
21 2121 Ponce de Leon Blvd. 26 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 1035 27 Suite 1035
City & State City & State
23 Coral Gables, FL 28 Coral Gables, FL
Zip Country Zip Country
24 33134 25 U.S. 29 33134 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/27/1991 03/17/1995
4. FEI Number Applied For
65-0299983 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~KIT&S REGISTERED AGENT CORPORATION~~
~~1401 Brickell Avenue~~
~~Ste. 700~~
~~Miami, FL 33131~~

10. Name and Address of New Registered Agent

81 Name Gregg S. Truxton, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.
83 Suite 1035
84 City Coral Gables FL 85 Zip Code 33134

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

Gregg S. Truxton

4/23/96

12. OFFICERS AND DIRECTORS

TITLE	P/S/T	<input type="checkbox"/> DELETE
NAME	Parsley, Danielle	
STREET ADDRESS	3425-D San Bernardino Drive	
CITY-ST-ZIP	Delray Bch, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Parsley, Danielle	
STREET ADDRESS	3425-D San Bernardino Drive	
CITY-ST-ZIP	Delray Bch, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Truxton, Joshua J.	
STREET ADDRESS	3425-D San Bernadino Drive	
CITY-ST-ZIP	Delray Beach FL 33445	
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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Truxton, Parsley, Danielle	
1.3 STREET ADDRESS	3125-A San Fernando Dr	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3125-A San Fernando Dr	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	700001796107	
5.4 CITY-ST-ZIP	-04/26/96--01043--015	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

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: *Danielle Parsley Truxton* *Danielle Parsley-Truxton* 4-18-96 (407) 495-0787

CR2E034 (12/95)

4-26-96