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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S76547

(6)

REAL ESTATE INSURANCE PROGRAMS, INC.

Principal Place of Business Mailing Address 11360 PROSPERITY FARMS ROAD 11380 PROSPERITY FARMS ROAD DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 08/27/1991 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0286155 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARRIS, GEORGE E ESQ. HARRIS, KUKEY & HELGESEN, PA Street Address (P.O. Box Number is Not Acceptable) 82 11380 PROSPERITY FARMS RD. STE. 201 83 PALM BEACH GARDENS FL 33410 **84** City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SMITH, ROBERT NAME 1.2 NAME 784 U.S. HIGHWAY ONE, STE. 14 STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE **OPPMAN, MORRIS** NAME 2.2 NAME 31 FLORGATE ROAD STREET ADDRESS 2.3 STREET ADDRESS FARMINGDALE L.I. NY 11735 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 typice 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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

(5761) (2N-118

Change

Addition

FILED

Apr 15 1998 8:00am

Secretary of State