

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 # V18320 (4)

1. Corporation Name

INSURED FINANCIAL CONCEPTS, INC.



Principal Place of Business

**JEROME G. WOSIKA
1110 S.E. DEL PRADO BLVD.
CAPE CORAL FL 33990**

Mailing Address

**JEROME G. WOSIKA
1110 S.E. DEL PRADO BLVD.
CAPE CORAL FL 33990**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WOSIKA, JEROME G.
1110 S.E. DEL PRADO BLVD.
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
06/23/1995

4. FEI Number

65-0319883

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 607.0507 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

Is signed by the corporation and its registered agent, or both, as appropriate.

Is signed by the registered agent only, if the corporation is not a party.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PSTD
WOSIKA, JEROME G
1110 SE DEL PRADO BLVD
CAPE CORAL FL
D
WOSIKA, CHERYL LEE
1110 SE DEL PRADO BLVD
CAPE CORAL FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 registered agent 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, above, or on an attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome G Wosika 2/15/96

941-772-2886

CR2E034 (12/95)