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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # INSURED FINANCIAL CONCEPTS, INC. (4)

FILED Mar 23 1998 8:00am Secretary of State

INOON	ED THANGIAL GONGET TO,									
Principal Place	e of Business	Mailing A	Address					r Albri Albii diaid u	841 4181	(W (M)(CMW)
JEROME G. V	WOSIKA	JEROMI	JEROME G. WOSIKA							
			O S.E. DEL PRADO BLVD.				DO NOT WRITE	INI THIS SDACE		
CAPE CORAL	. FL 33990	CAPE C	ORAL FL 33990)			3. Date Incorporated or Qualified	IN THIS SPACE	·——	₁
							03/03/1992			
2. Principal Pl	lace of Business	2a. Mailir	ng Address				4, FEI Number		Ap	plied For
21		26					65-0319883			t Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulred			
			7]							<u> </u>
City & State	0	⊢ , ·	City & State				8. Election Campaign Financing			May Be
Z ip	Country 7p			Country			Trust Fund Contribution			o Fees
24	25	29	30				8. This corporation owes or has paid the current year Intangiate Personal Property Tax due June 30. Yes No			
24]	9. Name and Address of Curren		Agent	[30]			10. Name and Address of New Reg			
wo	SIKA, JEROME G.	<u>9</u>		8	11 1	Name		<u> </u>		
	10 S.E. DEL PRADO BLVD.			-	_	 	(0.0.0.			
CAPE CORAL FL 33990				8	82 Street Address (P.O. Box Number is Not Acceptable					
0.,	a c constant coope			18	13					
					⅃-					
				8	14 (City		FL 85	Zıp (Code
SIGNATURE.	to the provisions of Sections 607.0500 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, spector protect runs of registered agent.						oration submits this statement for the pon's board of directors. I hereby acceptions the properties of the proper	the appointme	ging its	s registered registered
12.	OFFICERS AND		····	13.	Ngo is s	and record and recording	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
TITLE	PSTD		DELETE	11 TITL	 E		1.001.1010,010.1000.1001.10	☐ Cr		Addition
NAME	WOSIKA, JEROME G		1.2 NAM	1.2 NAME						
STREET ADDRESS	1110 SE DEL PRADO BLVD		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY	1.4 CITY-ST-ZIP						
TITLE	D				2.1 TITLE			☐ Cł	iange	Addition
NAME	Wosika, Cheryl Lee			2.2 NAM	2.2 NAME					1
STREET ADDRESS	1110 SE DEL PRADO BLVD		2.3 STR	2.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			2. 4 CIT	Y-ST-	ZIP				
TITLE			DELETE	3.1 TITL	ŧ			C) C)	ange	Addition
NAME				3.2 NAM	1E					
STREET ADDRESS				3 3 STRI	EET AD	DRESS				J
CITY-ST-ZIP				3 4. CITY	(-ST-	ZIP				
TIFLE			DELETE	41 TITU	E			☐ Cr	ange	Addition
NAME				4. 2 NAN	AE .					
STREET ADDRESS				43 STRE	EET AD	DDRE\$S				
CHTY-ST-ZIP				4.4 CITY	- ST-	ZIP				
TITLE			DELETE	5 1 TITU	Ε			L] Cł	ange	Addition
NAME				52 NAM	E	[ſ
STREET ADDRESS				5.3 STRE	ET AD	DRESS				
CITY-ST-ZIP				5.4 CITY	- \$T-2	ŽIP				
TITLE			☐ DELETE	6.1 TiTL	E			□ Cr	ange	Addition
NAME				6.2 NAM	ŧE					
STREET ADDRESS				6.3 \$TR	EET AD	DRESS				
CITY-S1-ZIP				6.4 CITY						
 14. Lhereby c 	with that the information cumpled wi	th this fikno⊾d	nes not qualify.	for the even	antia	in stated in S	Section 119.07(3)(i). Florida Statutes. i i	urther certify th	at the	information 1

ucces not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes, I further certify that the informatic sort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an se empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address

derone 6 Wosika

941-772-2886