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 #

V21244

(1)

INSUR	ANCE MARKETING SERV	ICES OF FLORIDA, INC.								
Principal Place of Business Mailing Address						a idani assasa tigai ilang liang alabi d	181 619 12 918		311 41811	91931 1891
7352 S.W. 36 COURT 7352 S.W. 26 COURT										•
DAVIE FL 33: US	314	DAVIE FL 33314	DAVIE FL 33314 US			DO NOT WRITE IN THIS SPACE				
08						3. Date Incorporated or Qualified				
						03/13/1992				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Api	plied For	
21		26			65-0322476 Not Applic				t Applicable	
Suite, Apt	W, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required				
City & Stat	6	City & State			Election Campaign Financing Trust Fund Contribution				May Be o Fees	
Zip 24	Country 25	Z ₁ p Country 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered	Agent		
W/	ARD, RAYMOND W.			81 1	lame					
7352 S.W. 26 COURT DAVIE FL 33314			la la	82 S	treet Addi	ress (P.O. Box Number is Not Accepta	ible)			
			L	_						
]'	83						
			ļ	84 (ity	, TO SEE	FL	85	Zip C	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the about outhorized orida Statu	ove-na by that lites.	amed corp e corporat	poration submits this statement for the lion's board of directors. I hereby acce	purpose r	of chanc	jing its int as r	registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and tile if applicable (NOTI	E: Registered	Agent s	gnature requi	red when reinstating)	DATE			
12.	OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRE	CTOR	S IN 12
TITLE	D	DELETE	1.1 TITL	LE				Ch	ange	Addition
NAME	WARD, RAYMOND W.		1.2 NAN	ME						
STREET ADDRESS	7352 S.W. 26 COURT		1.3 STA	ICA 133	ress					
CITY-ST-ZIP	DAVIE FL		1.4 CIT	Y-ST-Z	Р					
****	n	OFFERE	0.4 7171		$-\tau$			17.0		Addition

Addition TITLE DELETE WARD, SANDRA L. 2.2 NAME 7352 S.W. 26COURT STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 periodities 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, of on an attachgroup with jun address.

SIGNATURE:

RAYMOND

March 2018

954-471-0310

FILED

Mar 24 1998 8:00am

Secretary of State