

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

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20 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V25064 (9)
1. Corporation Name
INSURANCE CONSULTANTS, INC.

Principal Place of Business: **11525 CLEVELAND AVE #5 FT. MYERS FL 33907 US**
Mailing Address: **11525 CLEVELAND AVE #12 FT. MYERS FL 33907 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **03/30/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0325063**
Applied For: 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. 190 (32) Florida Statutes: Yes No

2. Principal Place of Business: **3049 CLEVELAND AVE**
2a. Mailing Address: **SAME**
21. State: Apt. #, etc.: **106**
22. City & State: **FT MYERS FL**
23. Zip: **33901**
24. Country: **LGE**

9. Name and Address of Current Registered Agent:
**SINIBALDI, DEAN A.
11525 CLEVELAND AVE #5
#12
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent:
NONE
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL**
85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: (To be signed and dated by the registered agent.)

12. OFFICERS AND DIRECTORS

11. TITLE	D
12. NAME	SINIBALDI, DEAN A.
13. STREET ADDRESS	1122 S.E. 18TH TERRACE
14. CITY, ST. ZIP	CAPE CORAL FL
15. TITLE	D
16. NAME	SINIBALDI, KATHERINE M.
17. STREET ADDRESS	1122 S.E. 18TH TERRACE
18. CITY, ST. ZIP	CAPE CORAL FL
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST. ZIP	
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that my signature shall have the same legal effect as if made under oath. That I am a citizen or a resident of this corporation or the resident or holder empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or 13 of this report.

SIGNATURE: (To be signed and dated by the registered agent or director)
4/29/95 813 332-2277