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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V25064

(9)

1. Corporation Name

INSURANCE CONSULTANTS, INC.

Principal Place of Business

3049 CLEVELAND AVENUE
STE. 106
FT. MYERS FL 33901
US

Mailing Address

3049 CLEVELAND AVENUE
STE. 106
FT. MYERS FL 33901-7049
US

2. Principal Place of Business

21 2701 CLEVELAND AVE

Suite, Apt #, etc.

22 SUITE 9

City & State

23 FT MYERS FL

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26

Suite, Apt #, etc.

27 SAME

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

07/30/1996

4. FEI Number

65-0325063

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

9. Name and Address of Current Registered Agent

SINBALDI, DEAN A.

~~3049 CLEVELAND AVENUE~~

STE. 106

FT. MYERS FL 33901

2701 CLEVELAND

SUITE 9

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST
NAME SINBALDI, DEAN
STREET ADDRESS 1122 S.E. 18TH TERRACE
CITY- ST- ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SECRETARY
1.3 STREET ADDRESS VICE PRESIDENT
1.4 CITY- ST- ZIP TREASURE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/97 332-2277

CR2E034 (9/96)