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

Mailing Address

P. O. BOX 2026 FT. MYERS FL 33902

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business 2701 CLEVELAND AVE

STREET ADDRESS

SIGNATURE: (



FLORIDA DEPARTMENT OF STATE

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90097 027 \*\*\*150.00

Daytime Phone #

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V25064 1. Corporation Name

INSURANCE CONSULTANTS, INC.

FT. MYERS FL	33901 US				DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed			
					03/30/1992			
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>		4. FEI Number		A	oplied For
21 1290	1 McGregor Blvd	26			65-0325063			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #; etc.		•	5. Certificate of Status Desired			Additional
	oite 1B	27						Required
City & State	e	City & State			6. Election Campaign Financing			May Be
23 두 수	Myers, H	28			Trust Fund Contribution	<del></del> -		to Fees
Tip	Country	Zip	Counti	ry	8. This corporation owes the curre		ngible □Yes	□No
24 <u>33</u> 9	119 25 USA	<del></del>	30	<del></del>	Personal Property Tax.  10. Name and Address of New R			
	9. Name and Address of Current	Registered Agent	8	1 Name	to. Name and Address of New A	registered A	Heur	
SINE	BALDI, DEAN A.		ا ا	, Italiic				
2701 CLEVELAND AVE				Street Address (P.O. Box Number is Not Acceptable)				
9				3				
FT. MYERS FL 33901				-	<u></u>			
, , , ,			8	4 City			85 Zip	Code
		1007.4500 50.11 00.44			accides submite this statement for the	Purpose of c	hanging it	e registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was au	itnorizea b	v tne corporat	ion's board of directors. I hereby accep	ot the appoint	ment as r	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	s.				1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /AIOTE	Pagistared Ac	ninga eviteoria raggi	red when reinstating)	DATE		
12.	OFFICERS AND		13.	ont agriculture requi	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
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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 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, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR