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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33805

1. Corporation Name
INSURANCE MAN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % CHRIS ALAN COCHRAN, 1024 S. HARBOR CITY BLVD., SUITE D, MELBOURNE FL 32901
Mailing Address: % CHRIS ALAN COCHRAN, 1024 S. HARBOR CITY BLVD., SUITE D, MELBOURNE FL 32901

3. Date Incorporated or Qualified: 05/04/1992
4. FEI Number: 59-3121870
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
COCHRAN, CHRIS ALAN
1024 S. HARBOR CITY BLVD.
SUITE D
MELBOURNE FL 32901

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] DATE: 3/23/99 (NOTE: Registered Agent signature required when reinstating)

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: COCHRAN, CHRIS ALAN, 1024 S. HARBOR CITY BLVD, MELBOURNE FL.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change/Addition. Rows 2-13 are currently empty.

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.

SIGNATURE: [Signature] DATE: 3/23/99 DAYTIME PHONE #: 407-951-4467

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