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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # V34933

(4)

IFS INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Euerices 2a	Principal Place of Business Mailing Address 9091 N MILITARY TRAIL SUITE 18 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS F				L 33410-598 3		3. Date Incorporated or Qualified 3a. Date of Last Report				
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Country	Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additio	onal	
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SEMENTELLI, ALLISON L. 9091 N MILITARY TRAIL SUITE 18 PALM BEACH GARDENS FL 33410 84 City FL 85 Zip Code 11. Functions of Socilions 607 00502 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent or both, in the State of Florida. Such change was submit over a complete or my stereot agent of both, in the State of Florida. Such change was submit over a complete or provision's board of directors. I hereby accept the appointment as registered agent are manually and accept the appointment as registered agent agent are required the members of the submit of sub	24										
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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 agent or point, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent or point, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent fam finance with a reference of registered agent age				8:	3						
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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; t	14 Loo here	by certify that the information supplie	d with this filing does not qua	lify for the ex	Yen	notion stated	d in Section 119,07(3)(i), Florida Statute	s. I further certify	that the		

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CHATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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FILED

Mar 11 1997 8:00am

Secretary of State

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