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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V34933 (4)

1. Corporation Name
IFS INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
9091 N MILITARY TRAIL SUITE 18 PALM BEACH GARDENS FL 33410	9091 N MILITARY TRAIL SUITE 18 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992

2. Principal Place of Business	2a. Mailing Address
21 8295 n military trail	26 8295 n military tr
Suite, Apt. #, etc. 22 Suite H	Suite, Apt. #, etc. 27 Suite H
City & State 23 palm beach gardens FL	City & State 28 palm beach gardens FL
Zip 24 33410 Country 25 USA	Zip 29 33410 Country 30 USA

4. FEI Number: 65-0327755 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEMENTELLI, ALLISON L. 9091 N MILITARY TRAIL SUITE 18 PALM BEACH GARDENS FL 33410	81 Name: same 82 Street Address (P.O. Box Number is Not Acceptable): 8295 n military trail 83 Suite H 84 City: palm beach gardens FL 85 Zip Code: 33410

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: Allison Sementelli 4/17/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTS	☐ DELETE	1.1 TITLE	PVTS	☑ Change ☐ Addition
NAME	SEMENTELLI, ALLISON L.		1.2 NAME	Sementelli Allison L	
STREET ADDRESS	4108 OLD OAK DR		1.3 STREET ADDRESS	1010 via Jardin	
CITY-ST-ZIP	PALM BEACH GDNS FL		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	DCM	☐ DELETE	2.1 TITLE	DCM	☑ Change ☐ Addition
NAME	SEMENTELLI, ALLISON L.		2.2 NAME	Sementelli Allison L	
STREET ADDRESS	4108 OLD OAK DR.		2.3 STREET ADDRESS	1010 via Jardin	
CITY-ST-ZIP	PALM BCH. GARDENS FL		2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [illegible] 4/17/98 561-622-7288