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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90051 035 ***150.00

DOCUMENT # V34933

1. Corporation Name

IFS INSURANCE & FINANCIAL SERVICES, INC.

Principal Place	e of Business	Mailing Address					TETRE BIRTH FREER FEIR	E till Bight migt		ITATI BIBU IBBU
8296 N MILITARY TRL		8295 N MILITARY TRL								
SUITE 14		SUITE H								
PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410			DO NOT WRITE IN THIS SPACE					
US		US				3, Date Incorporate	ed or Qualifed			
		- 46-W 44				05/08/1992 4. FEI Number			T 1 4 50	plied For
_	lace of Business	2a. Mailing Address				65-0327755			 	t Applicable
21	4	26 Suite Apt #, etc.				00 0021100				Additional
	#; etc	27				5. Certifcate of Sta	tus Desired		Fee Re	
City & State		City & State			6 Flection Campai	ion Financino		\$5.00	May Be	
23		28			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip	Count	try		8. This corporation	owes the currer	nt year Intan	gible	,
24	25	29	30			Personal Proper			Yes	4No
	9. Name and Address of Current	Registered Agent				10. Name and Add	ress of New Re	gistered Ag	jent	
			8	81 Na	ime					
SEMENTELLI, ALLISON L.			82		reet Addre	ess (P.O. Box Number	is Not Acceptab	le)		
8295 N MILITARY TRL				- 0						
SUIT	•		8	33						l
PALI	M BEACH GARDENS FL 33410		وا	B4 Ci					85 Zip C	Code
				'	•			FL_		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-na	ned corpo	oration submits this sta-	tement for the p	urpose of ch	anging its	registered
		CELL A C. Construction of the second course was	ط اســـــنـــماده،			un's board of directors				
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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 of 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 attacking it with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP