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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V6091

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INS AMERICA, INC.

FILED
Jan 16 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 595 MONTGOMERY RD 598 MONTGOMERY RD SUITE 1001 ALTAMONTE SPGS FL 32714 US US							3. Date Incorporated or Qualified 3a. Date of Last Report			
00		00					08/28/1992		17/1996	,cport
	Place of Business	2a. Mailing	g Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	1	A	pplied For
21	H	26	A 4				59-3146021			ot Applicable
Suite, Apt.	. #, €IC.	27	Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	te	City &	State				6. Election Campaign Financing	,		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Zip Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30					_ No	
	9. Name and Address of Curre	nt Hegistered A	ngent		81	Name	10. Name and Address of New Reg	istered .	ngent	
	NTSON, DEBORAH C.				0,					
2167 DEER HOLLOW CIRCLE LONGWOOD FL 32779				82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
LUI	MOMOOD FL 32/18			Ţ	83					
				Į.	04	City			los l 7in	Codo
					84	City		FL	85 Zip	Code
SIGNATURE	Signature typed or prateo dance of registered ag OFFICERS AN	en and tile if applicat VD DIRECTORS		IE: Registered	Agen	nt signature require	nd when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1 1 111	LE				Change	Addition
NAMÉ	WATSON, ROBERT J.	•		1 2 NA						
STREET ADDRESS		1 P				ADDRESS				
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. I do hereby certify that the information suppried with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this anguel reput 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 d changed, or on a transchment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINDED RAME OF SIGNING OFFICER OR DIRECTOR

1/9/9L 407-774-9333 X//