

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90130 018 \*\*\*150.00

DOCUMENT #V60915

1. Corporation Name  
INS AMERICA, INC.



Principal Place of Business

Mailing Address

2167 DEER HOLLOW CR  
STE 101  
LONGWOOD FL 32779  
US

2167 DEER HOLLOW CR  
STE 101  
LONGWOOD FL 32779  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1992

4. FEI Number

59-3146021

☒ 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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 197 Lake Breeze Cir

2a. Mailing Address

26 197 Lake Breeze Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Mary, FL

City & State

28 Lake Mary, FL

Zip Country

24 32746 25 USA

Zip Country

29 32746 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, DEBORAH C.  
2167 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779

81 Name

Watson, Robert J.

82 Street Address (P.O. Box Number is Not Acceptable)

197 Lake Breeze Cir

83

84 City

Lake Mary

FL

85 Zip Code  
32746

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

*Robert J. Watson*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME WATSON, ROBERT J.

STREET ADDRESS 2167 DEER HOLLOW CIRCLE

CITY-ST-ZIP LONGWOOD FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Watson, Robert J.  
197 Lake Breeze Cir  
Lake Mary, FL 32746

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME WATSON, DEBORAH C.

STREET ADDRESS 2167 DEER HOLLOW CIRCLE

CITY-ST-ZIP LONGWOOD FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Watson, Deborah C.  
197 Lake Breeze Cir  
Lake Mary, FL 32746

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Robert J. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)