

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52026

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** ATLASS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1300 S.E. 17TH STREET  
220  
FT. LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 S.E. 17TH STREET  
220  
FT. LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 59-2138397      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORGAN, WALTER L  
633 S. FEDERAL HWY  
SUITE 400A  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRANK, ATLASS  
Address: 1300 SE 17 ST SUITE 220  
City-St-Zip: FT. LAUDERDALE, FL

Title: TDVP  
Name: OKONSKI, JAMES A  
Address: 1300 SE 17 ST SUITE 220  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD  
Name: ATLASS, SALLY K  
Address: 1300 SE 17 ST SUITE 220  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP  
Name: STAMPER, SCOTT S  
Address: 1300 SE 17 STREET, SUITE 220  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. OKONSKI

TDVP

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date