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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F95000000711**

1. Corporation Name
RECOR INSURANCE COMPANY INC.



Principal Place of Business	Mailing Address
500 N BROADWAY STE 142 JERICHO NY 11753 US	550 NORTH BROADWAY STE 142 JERICHO NY 11753 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 500 NORTH BROADWAY
22 City & State	27 SUITE 155
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
02/13/1995	13-3641796	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	COLE, RICHARD E	
STREET ADDRESS	500 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENSINGER, STEVEN J	
STREET ADDRESS	500 NORTH BOARDWAY	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JOHN V DEL COL	
STREET ADDRESS	500 N BROADWAY #142	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KIRK-ANCE CAROLE	
STREET ADDRESS	500 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEYERS, CHARLES E	
STREET ADDRESS	500 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY 11753	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRIMERANO, RICHARD B	
STREET ADDRESS	500 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NU 11753	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUITE 155
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUITE 155
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUITE 155
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUITE 155
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUITE 155
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUITE 155
6.3 STREET ADDRESS	JERICHO, NEW YORK
6.4 CITY-ST-ZIP	

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: John V. Del Col John V. Del Col 2/9/99 203-705-2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (1/98)