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Mar 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F95716

1. Corporation Name
SPECIALTY INSURANCE UNDERWRITERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOHN RICCIARDELLI 8300 W FLAGLER ST #250 MIAMI FL 33144	C/O JOHN RICCIARDELLI 8300 W FLAGLER ST #250 MIAMI FL 33144

3. Date Incorporated or Qualified
09/01/1982

2. Principal Place of Business

4. FEI Number
59-2215909

21 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

6. Election Campaign Financing **\$5.00** May Be Added to Fees

23 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
RICCIARDELLI, JOHN
8300 W FLAGLER ST #250
MIAMI, FL
33144

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, DEBBIE W	1.2 NAME	
STREET ADDRESS	8300 W FLAGLER ST #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, JOHN	2.2 NAME	
STREET ADDRESS	8300 W FLAGLER ST #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, DENISE	3.2 NAME	
STREET ADDRESS	8300 W FLAGLER ST #250	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, RIKKI	4.2 NAME	
STREET ADDRESS	8300 W FLAGLER ST #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HAVER, VIVIAN	5.2 NAME	
STREET ADDRESS	8300 W FLAGLER ST #250	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **3/15/99** **305-226-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT Date Daytime Phone #

CR25024 (11/98)