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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

ATLANTIC INSURANCE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address		
5420 N.W. 77TH TERR. CORAL SPRINGS FL 33067	5429 N.W. 77TH TERR. CORAL SPRINGS FL 33067		
2. Principal Place of Business	2a. Mailing Address		
<u>.</u> ]	[06]		

**FILED** May 06 1998 8:00am Secretary of State



Principal Plac	Principal Place of Business Mailing Address					
S429 N.W. 77TH TERR. CORAL SPRINGS FL 33067 S429 N.W. 77TH TERR. CORAL SPRINGS FL 33067		•				
				DO NOT WOLFE IN	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	THIS SPACE	
i				03/31/1987		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2804482	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			CO 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible	
24	25	29	30	Personal Property Tax due June 30		
	g. Name and Address of Curre	nt Registered Agent	04) 1/4	0. Name and Address of New Regis	tered Agent	
	VALKER, WILLIAM # A		81   Na	ame William A. Wa.	LKER	
	429 NW 77TH TERR		<b>82</b> Str	treet Address (P.O. Box Number is Not Acceptable)		
(	ORAL SPRGS FL 33067					
J			83		J	
			<b>84</b> Cil	ity	85 Zip Code	
					<b> - _  </b>	
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 obligators of Section 607.9555 flyinda Statutes.						
agent. I a	m familiar willy and accost the oblig	ations of Section 607.0505	Igrida Statutes.	ahll.	11 6.1	
SIGNATURE	1111/11/11/11 W	HILL VIAI	~4 1	mu 5	122/18	
12.	Signature Appeal or inflined name of negetimed as	D DIRECTORS	13.	gnature required when reinstating)  ADDITIONS/CHANGES TO OFFICEF	DATE DIDECTORS IN 10	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition	
NAME	WALKER, WILLIAM A	<b>L</b>	1.2 NAME		The state of the s	
STREET ADDRESS	5429 NW 77TH TERR		1.3 STREET ADDR	DECC		
CITY-ST-ZIP	CORAL SPRGS FL		1.4 City-\$1-ZiP	ľ		
TITLE	VD	DELETE	2.1 TITLE		Change Addition	
NAME	SEED, ANDREW W		2.2 NAME			
STREET ADDRESS	3031 NW 112 AVE		2.3 STREET ADDR	RFSS	5	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY - ST - ZIP			
TITLE	VD	☐ DELETE	3 1 TITLE		Change Addition	
NAME	WALKER, RANDIE		3.2 NAME		, – …	
STREET ADDRESS	5429 NW 77TH TERR		3.3 STREET ADDR	RESS		
CITY-ST-ZIP	CORAL SPRGS FL		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		İ	
TITLE		DELETE	61 TITLE		Change Addition	
NAME			62 NAME		-	
STREET ADDRESS			63 STREET AUDR	RESS		
CITY-ST-ZIP			6.4 City-St-ZiP			
	ertify that the information supplied w	ith this filing does not qualify		stated in Section 119.07(3)(i). Florida Statutes, I fur	ther certify that the information	

Indicated on this annual report or supplemental annual report is frue and accurate and that my signature sylal 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 jeculized by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.