FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

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	Corporatio			NAL INSURAN	•	OMPANY	(9)					S 	 			
Pr	incinal Place	e of Business				allino Addre										
6067 HOLLYWOOD BLVD. HOLLYWOOD FL 33024					161	Malling Address 6067 HOLLYWOOD BLVD. HOLLYWOOD FL 33024										
												3. Date Incorporated or Qualified 03/01/1989	3a. D	ate of Le 05/0		•
	Principal Pl	2a. Mailing Address						4, FEI Number			Applied For					
21	Suite, Apt. #, etc.				26							65-0109120				lot Applicable
22	`				Suite, Apt. #, etc.						- · · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired				Additional Required
23	City & State				28	City & State					Election Campaign Financing Trust Fund Contribution				May Be to Fees	
24	Zip	Zip Country 25			29	Zip 30			Country			8. This corporation has liability for Florida Statutes	intangible			
		9, Name	and	Address of Curren	t Regis	tered Age	nt	1				10. Name and Address of New F		d Agen	<u> </u>	
									81	Name)					
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301									82	Street	Addres	ss (P.O. Box Number is Not Acceptat	ile)		• • • • • • • • • • • • • • • • • • • •	
									83							
TALLATASSEE PL 32301																
									84	City			F	85	Zip	Code
11	. Pursuant t	to the provisi	ons o	Sections 607.0502	and 60	7.1508, Flo	rida Statu te	s, the a	above-r	named c	corporal	ion submits this statement for the pu of directors. I hereby accept the app	pose of c	hangirig	ts re	gistered office
	familiar wi	th, and accep	ot the	obligations of, Section	on 607.	0505, Florid	da Statutes.	SCI DY III	ie corp	Oration	s Doard	or orectors, i nereby accept the app	ointment a	as regist	ered (agent, I am
Si	SNATURE .	Standare typed	or cente	d name of registered agent a	and little H.a	on and in solution	(NICS)	NC - Coopiete		or or or or or or	***************************************	Annual Control Control				
12		OFFICERS AN							gisterad Agent signature required w			ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRE	CTOF	3S IN 12
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NA:	A E			DAVID N.				1.3	2 NAME							
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	Y - ST - ZIP	HOLL	YWO	OD FL				1.4	4 CITY-S	1 - 7 IP	ļ					
TITI		SD	. I De	NIADD			ELETE		1 1/1LE					Cha	nge	☐ Addition
NAI				CHARD YWOOD BLVD					2 NAME							
	EET ADDRESS	HOLL								ADDRESS						
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NAN		1	D. JE	AN-GUY		L) 1/	a total file		2 NAME		Cita	TTON, RANDY		Chai	iQe	□ Addition
	EET ADDRESS			YWOOD BLVD						ADDRESS	1	ION, KANDI				
	/- ST- 71 ⁰	HOLLY							4 CITY-S						1 K	$^{\circ}$ $^{\circ}$
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NAN	M E	SCHL	E\$IN(ger, Leslie				4.2	2 NAME					-		
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NAN	•	ľ		YWOOD BLVD					NAME							
	EET ADDRESS	HOLLY						6.3	STREET.	ADDRESS						

CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Handy D. Julian SIGNATURE: Handy D. Julian D. Julian Signing Officer or Director

(305) 985-4200 C Daytime Prone II G / CR2E034 (12/95)