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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K39194**

1. Corporation Name

SEVEN S	seas insurance compa	NY						
Principal Place	e of Business	Mailing Address				18 18111 8181 81811	2.6((E(E): 2.5((E)	411 01011 1001
821 AVENUE E RIVIERA BEACH FL 33404-7523 RIVIERA BEACH FL 33404-7523					DO NOT V	WRITE IN THIS	S SPACE	
					3. Date Incorporated or Quali 04/21/1989	fed		
Principal Place of Business 2a. Mailing Address					4. FEI Number			olied For
21	H -4-	Suite, Apt. #, etc.			65-0115930		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27 27			5. Certifcate of Status Desire	d 🗆	Fee Rec	
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution		ing	\$5.00 May Be Added to Fees	
Zip '	. Country Zip 25 29		Countr 30	У	This corporation owes the Personal Property Tax.	current year In		□No
	9 Name and Address of Curre		15-1		10. Name and Address of No	w Registered	Agent	
				1 Name				
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301			8:	2 Street Add	t Address (P.O. Box Number is Not Acceptable)			
			8:	3				
			84	4 City			85 Zip C	ode
	to the provisions of Sections 607.05			1 '	<u></u>	<u>Fl</u>	_ _	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliging signature, typed or printed name of registered egistered eg	of Florida. Such change was ations of, Section 607.0505, Fl	authonzed b orida Statute	v the cordorati	on's board of directors. Thereby a	DATE		JISTERED
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	NARDI, THOMAS A		1.2 NAME	:				
STREET ADDRESS	1844 FERRY ROAD		1.3 STRE	ET ADDRESS				}
CITY-ST-ZIP	NAPERVILLE IL		1.4 CITY-				Change	Addition
TITLE	SD OVERNOOM BAME	☐ DELETE	2.1 TTLE		*		Cloude	
NAME	Cyranoski, David L 1844 Ferry Road		2.2 NAME	í				1
STREET ADDRESS	NAPERVILLE IL			ET ADDRESS				
CITY-ST-ZIP TITLE	PD	☐ DELETE	2. 4 CITY 3.1 TITLE				Change	Addition
NAME	MURRELL. RICK		3.2 NAME		•	T.		
STREET ADDRESS	821 AVENUE "E"			ET ADDRESS				
CITY-ST-ZIP	RIVIERA BEACH FL		3.4. CITY					
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	BIRDSALL, JOHN H., III		4 2 NAMI	E		•	•	
STREET ADDRESS	821 AVENUE "E"		4.3 STRE	ET ADDRESS	·			
CITY-ST-ZIP	RIVIERA BEACH FL		4.4 CITY-	ST-ZIP	<u> </u>			
TITLE	DC	☐ DELETE	5.1 TITLE			•	☐ Change	☐ Addition (
NAME	FISHER, THOMAS L		5 2 NAME		• •			
STREET ADDRESS	1844 FERRY ROAD			ET ADDRESS				}
CITY-ST-ZIP	NAPERVILLE IL	□ NEI ETE	5.4 CITY- 6.1 TITLE				Change	Addition
TITLE	VT	☐ DELETE	0.1 111125	.				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CALCOTE, RICHARD F

821 AVENUE "E"

RIVIERA BEACH FL

RICHARD F. CALCOTE 2/17/19

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90117 010 ***150.00