

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12 1998 8:00am
Secretary of State

0085196

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K48095** (9)

1. Corporation Name
EVEREST INSURANCE SOLUTIONS, INC.



Principal Place of Business 418 W PLATT ST SUITE B TAMPA FL 33606 US	Mailing Address 418 W PLATT ST SUITE B TAMPA FL 33606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/29/1988	4. FEI Number 59-2916249 Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD. SUITE 309 TAMPA FL 33629	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABELES, BRIAN 418 W. PLATT ST. TAMPA FL 33606 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 recorder 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:  **PROXY REQUIRED** 7/30/98 813-221-4000

CR2E034 (5/98)

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NOONAN & ASSOCIATES, INC.
4502 Southhampton Ct.
Tampa, FL 33623
(813) 969-4021

July 24, 1998

Florida Department of State
Divisions of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing you on behalf of three of my clients concerning the Annual Report. One client, The Everest Group has five companies under one roof. The companies covered by this letter are:

- | | | |
|------|-----------------------------------|---------------|
| 1. | Under the Everest Group are: | |
| | Everest Benefits Resources, LC. | L97000000913 |
| ✓ | Everest Insurance Concepts, Inc. | V10911 |
| ✓ | Everest Insurance Solutions, Inc. | K48095 |
| ✓ | The Everest Venture Group, Inc. | H39407 |
| ✓ | The Everest Group, Inc. | P960000078348 |
| ✓ 2. | US Alexander Corp. | P95000031326 |
| 3. | Ed Palladini's VIP Valet, Inc. | P97000038228 |

The problem is the clients claim they never received the original Annual Report. Their only notification was when the 2ND NOTICE was received. I handle all accounting matters for the Everest Group which includes opening the mail. The other clients I only file their tax returns. At the end of the year. I can state, to the best of my knowledge, that I did not receive the Annual Reports at the Everest offices. If I know I didn't receive the report then it is very possible that my other two clients also did not their respective reports. The report's color and size serves as a constant reminder that the Return along with its fee are to be mailed by June. Without this reminder it is very easy to slip ones mind and get over looked.

Given the fact that these three clients state that they did not receive the normal report which is normally mailed in January of each year, something must have gone astray. I know that Divisions of Corporations handles millions of reports annually and the post office handles a tremendous amount of mail without any problems, but in this case something went wrong.

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Florida Department of State
July 24, 1998
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I have collected all reports and I am submitting them along with this letter respectfully requesting the Division of Corporation accept the \$150.00 fee attached to each report. I understand that failure to file penalties was developed to discourage abuse of the privilege of doing business in Florida, but I also believe that something beyond my clients control went seriously wrong and they should not be penalized. I hope you will accept the reports as filed and waive the failure to file penalties.

Sincerely,


John F. Noonan
Principal

7 Attachments