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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000043189**1. Corporation Name

AMERICAN INSURANCE DESIGN. INC.

| | | _ | | | |
|---|--|--|---|--|---|
| Principal Place | e of Business | Mailing Address | | A IMPLIANT IN LANGE HELD SHALL | |
| | | 1964 HOWELL BRANCH RD. | | | |
| SUITE 106 SUITE 106 | | | DO NOT WRITE IN T | LUC CDACE | |
| WINTER PARK FL 32792-1042 WINTER PARK FL 32792-1 | | 12 | DO NOT WRITE IN T | HIS SPACE | |
| US | | US | _ | 3. Date incorporated or Qualifed 06/18/1993 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3187967 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | e | 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 the current year | r Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes XNo |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Register | red Agent |
| | | | 81 Name | | } |
| | astian, John E | | 82 Street Addi | ress (P.O. Box Number is Not Acceptable) | |
| 1964 | HOWELL BRACH RD. | | 1964 | HOWELL BRANCH PO | } |
| SUIT | E 106 | | 83 | 770000 | |
| WINT | TER PARK FL 32792 | | | | |
| | _ | | 84 City | | Zip Code |
| | | 1007 (500 F) 11 Olympia | | | |
| office or r | egistered agent or both in the Stati | e of Florida. Such change was au | ithorized by the corporation | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | opointment as registered |
| Office Of 1 | egistered agent, or boar, in the other | 0 0, , 10.120, 000.1 0.121.90 | 0.0 | • | • |
| agent. I a | im familiar with, and accept the oblig | ations of, Section 607.0505, Flori | ida Statutes. | | |
| 1 | im familiar with, and accept the oblig | pations of, Section 607.0505, Flori | ida Statutes. | | |
| agent. I a SIGNATURE | Im familiar with, and accept the oblig | | Registered Agent signature require | | |
| 1 | Signature, typed or printed name of registered ag | gent and title if applicable (NOTE: | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title if applicable (NOTE: | Registered Agent signature require | | |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title if applicable (NOTE: | Registered Agent signature require | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
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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.

6.4 CITY-ST-ZIP