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PROFIT

CORPORATION
ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400005305 (5)

FILED Apr 13 1998 8:00am Secretary of State

	ORIDA INSURANCE GROU	JP OF VOLUSIA, INC.						
Principal Place of Business Mailing Address				4 (89490) the sails bloss balls better a	Bitt Matti SAIA) i	ANTAR WINT RA	HOL ONS LOCA	
1388 S. SAXON BLVD. DELTONA FL 32725		1396 S. SAXON BLVD. DELTONA FL 32725		DO NOT WRIT	E IN THIS S	PACE		
					3. Date Incorporated or Qualified			
					01/13/1994			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		I A	pplied For
21		26		59-3227963		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		7	Additional
22		27			C. Commission of States Booker			equired
City & State		├ ── ` ´ `	City & State		6. Election Campaign Financing	-		May Be
23 Zin	Country	28	Country		Trust Fund Contribution	<u> </u>		to Fees
Zip	├ ─¬ ′	Zφ	· ·		8. This corporation owes or has p			
24	9. Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R			No
D^			81	Name	19. Hallo are tightness of heat to	-3.0.000 K		
	Driguez, Julian 36 S. Saxon Blyd.							
	tona FL 32725		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		-
	LIGHA PL 32723		83					
			-					
			84	City		FL	85 Zip	Code
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	02 and 607.1508, Florida Statu le of Florida. Such change was	tes, the above authorized by	named corporal	poration submits this statement for the tion's board of directors. I hereby according	purpose of e opt the appo	changing i	ts registered registered
ugom. 10		данона от, веспон осилово, гл	orida Statutes	3.				
SIGNATURE					<u> </u>			
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SIGNATURE	Signature, typed or printed name of registered in	gent and little of applicable (NO ND DIRECTORS	IE Regislered Ager		<u> </u>	DATE ICERS AND	DIRECTO	RS IN 12
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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 supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 changes; or post attachment with an address.

SIGNATURE:

Edition Julian Rockiguero+0798 (901)985-2098