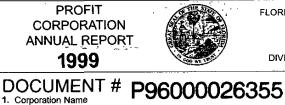
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

PREMIERE PLUS INSURANCE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90118 011 \*\*\*150.00

## A MARKERA KIR BEKIR EKIR KERKI KANCERRA BAKIR BEKIR BEKIR KIRIR TILIPA KIRIR BIRIR BIRIR BIRIR BIRIR BIRIR BIRI

						<u> </u>				
Principal Place of Business Mailing Address						L INTELLEMENT LEM SALTE METER MASTEL	ili Edica iraia avia		1161 Bitl 1861	
4804 SW 28 TE FT LAUDERDALI		4804 SW 28 TERR FT LAUDERDALE FL 33312	4804 SW 28 TERR FT LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						03/25/1996				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<del>    '`   '</del>			
21		26				65-0666418	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	sed Sa.75 Additional Fee Required			
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	Ad	ded to	Fees	
Zip	Country	Zip	Country			8. This corporation owes the current y	year Intangible Yes⊡	. 1	⊒No I	
24	25	29	30			Personal Property Tax.  10. Name and Address of New Regis		·		
Name and Address of Current Registered Agent					Name	10. Name and Address of New Regis	Stered Agent			
MARCU, MONICA M				81 82		Address (P.O. Box Number is Not Acceptable)				
1301 #525	ne miami gardens dr Sw			83		85 Zip Code				
N ML	AMI FL 33179			84	City				ode	
							FL   °°			
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was a	uthonzed	l bv i	the corporat	rporation submits this statement for the purp tion's board of directors. I hereby accept the	oose of changir e appointment	ng its r as reg	egisterea istered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered	Agent	t signature requi	ired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTO		
TITLE	D	☐ DELETE	1.3 TI	TLE			☐ Cha	ange	Addition	
NAME	MARCU, MONICA M		1.2 NAME							
STREET ADDRESS 1301 NE MIAMI GARDENS DR #525W			1.3 STREET ADDRESS							
CITY-ST-ZIP	N MIAMI FL 33179			TY-ST	-ZIP					
TITLE	DELETE 2.1 T		ΓLE			☐ Cha	ange	☐ Addition		
NAME	2.2		2.2 N	2.2 NAME						
STREET ADDRESS			2.3 5	2.3 STREET ADDRESS						
CITY-ST-ZIP			2.40	ITY-S	T-ZIP					
TITLE	DELETE			TLE			Cha	ange	Addition	
NAME			3.2 N/							
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	- Delete			3.4. CITY-ST-ZIP			Chi	2000	Addition	
TITLE		☐ DELETE	4.1 TI		)		Cn	any¢		
NAME			4.2 N							
STREET ADDRESS				4.3 STREET ADDRESS						
CITY-ST-ZIP			TY-ST	-ZIP		☐ Cha	2000	Addition		
TITLE				5.1 TMLE 5.2 NAME		•	Cris	ange	☐ Addition	
NAME					ADDRESS					
STREET ADDRESS					ì					
CITY-ST-ZIP				4 CITY-ST-ZIP			☐ Cha	ange	Addition	
TITLE			6.2 N					90		
NAME					ADDRESS					
STREET ADDRESS									1	
CITY-ST-ZIP			6.4 CI	17-51	-217					

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 applicachment with an address, with all other like empowered.

SIGNATURE: