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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061925

1. Corporation Name

FIRST FLORIDA UNDERWRITERS, INC.

Principal Place	e of Business	Mailing Address								
1700 WELLS RD 1700 WELLS RD										
STE 1						DO NOT WRITE IN THIS SPACE				
ORANGE PK FL 32073 ORANGE PK FL 32073 US US				3. Date Incorporated or Qualifed						
						07/16/1997				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
27 1700 Wells Koad 25 1700 Well			1s Road		Ł.	59-3459805			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			1			5. Certifcate of Status Desired				fditional
22 Suite#1 27 Suite#1			\			3. Certificate of States Boomes		Fe	e-Req	uired
City & State	naefark, FL	City & State 28 Canal Po	ırK	FI		6. Election Campaign Financing Trust Fund Contribution			.00 M	* 1
□ 'Z^^~~				8. This corporation owes the current year Intal Personal Property Tax.				ngible Yes	. Г	∃No
24 20(9. Name and Address of Gurrent R		<u>. </u>	w y		10. Name and Address of New Regist				
	5. Name and Address of Garrett	.egiotorod rigoni	81	Name)					
HART, MARK D				Ot		(D.O. Day Mushor in Not Assentable)				
149 WILLIAMS PARK ROAD				Street	. Addres	ss (P.O. Box Number is Not Acceptable)				į
GREEN COVE SPRINGS FL 32043			83							
			84	City				85	Zip Co	nde
			64	City			FL	03	ZIP CC	,,,,
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.										J.C.C.G
SIGNATURE										
CIGITATIONE	Signature, typed or printed name of registered agent ar			nt signature	required v	,	TE ANY		OTO	C IN 12
12.	OFFICERS AND DIRECTORS 13. PSTD DELETE 1.1TI		13.			ADDITIONS/CHANGES TO OFFICER	15 ANI	Cha		Addition
TITLE	PSTD MADE D			1.2 NAME						
NAME	That, what is		1.3 STREET ADDRESS							ſ
STREET ADDRESS					'					
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-S 2.1 TITLE	11.ZIF	+			☐ Cha	ange	Addition
NAME	"		2.2 NAME							
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CITY-ST-ZIP	1			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			•		☐ Cha	ange	☐ Addition
NAME			5.2 NAME							Ì
STREET ADDRESS			5.3 STREE	T ADDRESS	ŝ					
CITY-ST-ZIP			5.4 CTY-S	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	ange	☐ 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 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 chapter 607 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR