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**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90002 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

1998 1999

DOCUMENT # P97000074842 (0)

1. Corporation Name  
 WWV INSURANCE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 08/28/1997

4. FEI Number  
 65-0777672

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

2. Principal Place of Business

21 3280 LAKE WORTH RD

22 Suite 2

23 LAKE WORTH FL

24 33461

2a. Mailing Address

26 SAME

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RUBIERA, MANUEL A  
 12276 57TH RD N  
 ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name SAME  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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. Thereof, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Manuel A Rubiera President 5/1/99  
 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

1 D RUBIERA, MANUEL A  
 12276 57TH RD N  
 ROYAL PALM BEACH FL 33411

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addit  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP  
 2.1 TITLE Change Addit  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP  
 3.1 TITLE Change Addit  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP  
 4.1 TITLE Change Addit  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP  
 5.1 TITLE Change Addit  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP  
 6.1 TITLE Change Addit  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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.

SIGNATURE: [Signature] 5-1-99 564 433 0449  
 Signature (typed or printed name of signing officer or director) (Date) (Daytime Phone) (0318318)