

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 578434 (3)
1. Corporation Name
SELF INSURANCE ADMINISTRATORS, INC.



Principal Place of Business
8201 SW 124TH ST
MIAMI FL 33156
US

Mailing Address
8201 SW 124TH ST
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1978

4. FEI Number
59-2044201
Applied For
Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, MICHAEL T
8201 SW 124TH ST
MIAMI FL 33156

81 Name

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME REID, THOMAS P
STREET ADDRESS 9350 S DIXIE HWY #1580
CITY-STATE-ZIP MIAMI, FL 00000 ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VD
NAME REDLUS, BURT E
STREET ADDRESS 19 WEST FLAGLER STREET
CITY-STATE-ZIP MIAMI, FL 00000 ☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE PD
NAME LYONS, MICHAEL T
STREET ADDRESS 8201 SW 124TH ST
CITY-STATE-ZIP MIAMI, FL 00000 ☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

[Signature]

6-29-98 305-2542133

CR2E034 (5/98)