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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600061306

TITLE

NAME

CITY-ST-ZIP

HIS ASSURANCE, INC.

	of Business	Wicin	ng Address								
5916 EIGHT AVE SOUTH		5916 EIGHT AVE., SOUTH									
TAMPA FL 3361	9-4565	TAMP	PA FL 33619-4565				DO NOT	WRITE IN THIS	SPACE		
							3. Date Incorporated or Qual	fed			
							07/19/1996			. 1	
			Mailing Address			 	4. FEI Number		Ap	plied For	.
2. Principal Pla	ace of Business	├ ─¬	Walling Address				59-3386924		No	t Applicable	1362 r.S.
21		26	5 de 4 etc				38 3300324		\$8.75	Additional	ř.
Suite, Apt. i	#, etc.	<u></u> ⊢ ¬	Suite, Apt. #, etc.				Certificate of Status Desire	d 🗆	Fee Re		
22		27	0.04-4-				6. Election Campaign Finance	ina	\$5.00	May Be	
City & State	е	<u> </u>	City & State				Trust Fund Contribution	ing 🗆	Added to Fees		
23		28			ountry		8. This corporation owes the	current year Ir		_	
Zip	Country	——	Zip		Juliu y		Personal Property Tax.	content year ii	Yes	□No	
24	25	29		30			10. Name and Address of N	ew Registered			ı
	9. Name and Address of Curr	ent Registe	red Agent		81	Name	10. Name and Address of the	ow regions.			l
	DIGINE OTHER	*			1						ı
FABRICANT, STUART						Street Add	ddress (P.O. Box Number is Not Acceptable)				ı
	S'EIGHT AVE., SOUTH								- 500 - 18 + E lis	tuck kan ret	ĺ
TAM	PA FL 33619-4565				83				建制機能	第2編編	l
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office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida igations of, S	a. Such change was Section 607.0505, F	authonzi Iorida Sta	ed by ti atutes.	ne corpora	MION'S DOUBLE OF CHECKY C	occpt the upp	,	3	
SIGNATURE							lead when reinstating)	DATE		. .	ء
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	applicable. (NO	TE: Register	red Agent	signature requ	ired when reinstating)		ND DIRECTO	DRS IN 12	(86)
SIGNATURE	OFFICERS	agent and title if a	applicable. (NO	TE: Register	red Agent	signature requi	ADDITIONS/CHANGES TO		ND DIRECTO	DRS IN 12	11/98)
	OFFICERS :	agent and title if	applicable. (NO	TE: Register	red Agent 3. TITLE	signature requi	ired when reinstating) ADDITIONS/CHANGES TO				M (41/98)
12.	ST FABRICANT, DEMETRY	agent and title if a	applicable. (NO	TE: Register 13 1.1	3. TITLE		ADDITIONS/CHANGES TO				=0347(41/9R)
12. TITLE	ST FABRICANT, DEMETRY	agent and title if a	applicable. (NO	TE: Register	TITLE NAME	ADDRESS	ADDITIONS/CHANGES TO				0250347(41/98)
12. TITLE NAME	ST FABRICANT, DEMETRY	agent and title if a	applicable. (NO CTORS	TE: Register 13 1.1 1.2 1.3	TITLE NAME STREET	ADDRESS	ADDITIONS/CHANGES TO		☐ Change	Addition	CD2E034'(11/98)
12. TITLE NAME STREET ADDRESS	ST FABRICANT, DEMETRY 5916 8TH AVE S	agent and title (f	applicable. (NO	TE: Register 13 1.1 1.2 1.3	TITLE NAME	ADDRESS	ADDITIONS/CHANGES TO				CD2E0347(41/98)
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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 frustee 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, with all other like empowered. SIGNATURE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90012 024 ***150.00