

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 # **K93684**

1. Corporation Name

**HYATT LEGAL PLANS OF FLORIDA, INC.**

Principal Place of Business

**1215 SUPERIOR AVE.  
CLEVELAND OH 44114-3292**

Mailing Address

**1215 SUPERIOR AVE.  
CLEVELAND OH 44114-3292**

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90035 023 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/07/1989**

4. FEI Number

**34-1631590**

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SMILJANICH, TERRY A  
300 FIRST AVE. SOUTH  
#501 SUN BANK BUILDING  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

**ZEIGLER, PAUL A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**106 EAST COLLEGE AVENUE**

83

**12TH FLOOR**

84 City

**TALLAHASSEE**

**FL**

85 Zip Code

**32301**

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

*Paul A. Zeigler*

(Paul A. Zeigler)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROOKS, WILLIAM H.</b>	
STREET ADDRESS	<b>1215 SUPERIOR AVENUE</b>	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>SH</b>	<input type="checkbox"/> DELETE
NAME	<b>PENZNER, MICHAEL C</b>	
STREET ADDRESS	<b>1215 SUPERIOR AVE.</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44114-3292</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BROOKS, WILLIAM H.</b>	
1.3 STREET ADDRESS	<b>1215 SUPERIOR AVENUE</b>	
1.4 CITY-ST-ZIP	<b>CLEVELAND OH 44114-3292</b>	
2.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PENZNER, MICHAEL C.</b>	
2.3 STREET ADDRESS	<b>1215 SUPERIOR AVENUE</b>	
2.4 CITY-ST-ZIP	<b>CLEVELAND OH 44114-3292</b>	
3.1 TITLE	<b>CHAIRMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SOLLMANN, ROBERT E. JR.</b>	
3.3 STREET ADDRESS	<b>ONE MADISON AVENUE</b>	
3.4 CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	
4.1 TITLE	<b>VPC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>LATRENTA, NICHOLAS D.</b>	
4.3 STREET ADDRESS	<b>ONE MADISON AVENUE</b>	
4.4 CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	
5.1 TITLE	<b>GENERAL COUNSEL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>KOHN, ANDREW</b>	
5.3 STREET ADDRESS	<b>1215 SUPERIOR AVENUE</b>	
5.4 CITY-ST-ZIP	<b>CLEVELAND OH 44114-3292</b>	
6.1 TITLE	<b>ALBERTALLI, ROY C.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP &amp; SECRETARY</b>	
6.3 STREET ADDRESS	<b>ONE MADISON AVENUE</b>	
6.4 CITY-ST-ZIP	<b>NEW YORK NY 10010</b>	

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, with all other like empowered.

SIGNATURE:

*Andrew Kohn*  
**ANDREW KOHN**  
**GENERAL COUNSEL**

4/26/99 216-694-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)