	FIT	FLORIDA DEPARTME Sandra B. M.	NT OF STATE		
ANNUAL REPORT Secretary of State			State		
1996 4-73-9 DIVISION OF CORPORATIONS				1	
CUME	NT # 2127	'91 ⁴²³ 3 (8)			
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CAUSEW	AY INSURANCE INC				
		Mailing Address			it ille ditti dian dian dian dian dian dian dian dia
cipal Place of Bu	_	3652 S SEACREST BLVD			
3652 S SEACREST BLVD P.O. BOX 3629 P.O. BOX 3629 BOYNTON BCH FL 33424-3629 BOYNTON BCH FL 33424-3629			-3629	3. Date incorporated or Qualified 3a. Date of Last Report 06/14/1995	
ROTATION BOD	LF 20454-005a	U\$		3. Date incorporated or Qualified 06/09/1958	· · · · · · · · · · · · · · · · · · ·
Principal Place C	of Business	2a. Mailing Address		4. FEI Number 59-0843338	Applied For Not Applicable
-nncipal Flace C		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, et	C.	27 Suite, Apr. #, etc.		G. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
7.00	Country	28 Zip	Country	This corporation has liability for Florida Statutes	intangible tax under \$ 199.032, S No
Zip	25	Z0	(0)	10. Name and Address of New	Registered Agent
	Name and Address of Cu	urrent Hegistered Agent	81 Name		
MACK,WA	ARREN		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
3652 S S	EACREST BLVD		83		
P.O. BOX	(3629 N BCH FL 33424		84 City		FL 85 Zip Code
DOTINO	N DOTT TE GO TE .				
				eration submits this statement for the p	the registered office
I. Pursuant to t	the provisions of Sections 607	7,0502 and 607,1508, Florida Statutes of Florida. Such change was authorized	the above-named corporation's bo	oration submits this statement for the p pard of directors. I hereby accept the ap	the registered office
Pursuant to to registered familiar with,	the provisions of Sections 607 agent, or both, in the State o and accept the obligations of	f, Section 607.0505, Florida Statutes.		oration submits this statement for the p pard of directors. I hereby accept the ap	urpose of changing its registered offic pointment as registered agent. I am
familiar with,	and accept the obligations of	f, Section 607.0505, Florida Statutes.	- Rogistered Agricit signature requi		urpose of changing its registered office pointment as registered agent. I am DATE FFICERS AND DIRECTORS IN 12
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