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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 226802

(7)

**FILED** Mar 24 1998 8:00am Secretary of State

CONT	NENTAL UNDERWRITERS	OF FLORIDA, INC.			A PROMIT HEALTH WHICH COME AND HEALTH IN THE	I BABAN BABAN BABAN BABAN BABAN
Dringing Dig	on of Projects	Matter Addition				
Principal Place of Business Mailing Address						
7220 SW 126TH ST 7220 SW 126TH ST PO BOX 562140 PO BOX 562140						
MIAMI FL 33		MIAMI FL 33156			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	·
0 0-1	N(6				08/10/1959	
<b>├</b> ── `	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		59-0879242	Not Applicable	
22		27		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	1 Zφ	Coun	try	8. This corporation owes or has paid the	current year Intangible
24	25 Same and Address of Corre	29	30		Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent  CARTER ALEREN IR 81 Name					10. Name and Address of New Registe	red Agent
	vrter, alfred B Jr 20 SW 126TH Street					
	AMI FL 33156		8	Street Add	dress (P.O. Box Number is Not Acceptable)	
rrsi	AMI 1 E 00 100		) t	13		
			L			
			ļ <sup>6</sup>	City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida</li> </ol>				ove-named cor	poration submits this statement for the purpo	se of changing its registered
office of agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change igations of, Section 607.050	was authorized X5, Florida Statu	by the corpora les.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or points finance of togeters dia		· · · · · · · · · · · · · · · · · · ·	Agent signature requ	uired when reinstating) DA	· -
12.	PD OFFICERS A	ND DIRECTORS  DELET	13. E 1.1 TITU	<del></del>	ADDITIONS/CHANGES TO OFFICERS	
NAME	CARTER JR.,ALFRED B.	_ Otter	1.2 NAM			Change Addition
STREET ADDRESS	7220 S.W. 126TH STREET			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL			- ST- ZIP		
TITLE	S	DELET			48.2.4.4	Change Addition
NAME	CARTER, ELSIE B.		2.2 NAM			
STREET ADDRESS	7220 SW 126TH STREET		2.3 STR	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CIT	/-ST-ZIP		
TITLE		DELET	E 31 TITL			☐ Change ☐ Addition
NAME			3 2 NAM	E		
STREET ADDRESS			3 3 STRE	ET ADDRESS		
CITY-ST-ZIP		T ceres		/-\$T-ZIP		
TITLE		L. DELET				Change Addition
NAME CIPCEL ADDRESS			4. 2 NAA			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETI		-ST-ZIP		Change Addition
NAME		_ 3	5.2 NAM			T change T vanition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELET				☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			64 CITY			
			<b>_</b>		· · · · · · · · · · · · · · · · · · ·	

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 attrachment with an address.

PRESIDENT

18 MR 98 3051251-8750