## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

| 1. Corporat  | 1996  JMENT # 2739  ISTAL INSURANCE SERVIC   | ( ')  | ed.ii diixiidad  |   |  |  |
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| Principal Place of Business  |  | Mailing Address   |  |   | 1191 81911 91511 81811   | ı arası arası Attı 1881  |
| 201-205 S PINELLAS AVE.<br>TARPON SPRINGS FL 34689   |  | 201-205 S PINELLAS<br>TARPON SPRINGS FI   |  |   |  |  |
|  |  | TANI ON OF HINGS  | . 54003  |   | T  |  |
|  |  |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>09/19/1963</li> </ol>                    | 3a. Date of La   | •  |
| Principal  | Place of Business  | 2a. Mailing Address   |  | 4. FEI Number   | 01/20  | ·  |
| l <u>.</u> .   |  | 26  |  | 59-1029804  | -  | Applied For<br>Not Applicable  |
| Suite, Ap  | t #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | <b>\$8</b>   | .75 Additional   |
| City & Sta   | ato  | [27]  |  | 5. Certificate of Status Desired  |  | ee Required  |
| Oily a St  | ne.  | City & State  |  | 6. Election Campaign Financing  |  | .00 May Be   |
| Ziρ  | Country  | 7 <sub>p</sub>  | Country  | Trust Fund Contribution  8 This corporation has liability for it                          | A  | dded to Fees   |
| ]  | 25   | 29  | 30   | 8. This corporation has liability for in Florida Statutes 😾 Yes                           |  | ers 199.032,   |
|  | 9. Name and Address of Curre   | ent Registered Agent  |  | 10. Name and Address of New R   |  |  |
|  |  |   | 81 Name  |   |  |  |
|  | UKLIS, ANGELIKI M  |   | 82 Street Add  | fress (P.O. Box Number is Not Acceptable  | le)  |  |
| 385 BANANA ST.<br>TARPON SPRINGS FL 34689  |  |   | Li   |   |  |  |
| IARP   | ON SPHINGS FL 34689  |   | 83   |   |  |  |
|  |  |   | <del>  </del>  |   |  |  |
|  |  |   | 84 City  |   | B5   | Zip Code   |
| 1. Pursuan<br>or registi<br>familiar v   | t to the provisions of Sections 607.050<br>fred agent, or both, in the State of Flo<br>vth, and accept the obligations of, Sec   | 02 and 607.1508, Florida Statute<br>rida Such change was authoriza<br>ction 607.0505, Florida Statutes                |  | oration submits this statement for the purp<br>and of directors. I hereby accept the appo | pose of changing introduced by the pose of changing in the pose of changing in the pose of | Zip Code<br>its registered office<br>red agent. I am                         |
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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:

ANATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (813) 937-4141 Dayting Phone #