

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 410003 (8)
1. Corporation Name
FORTUNE INSURANCE COMPANY

Principal Place of Business
10475 FORTUNE PARKWAY
SUITE 110
JACKSONVILLE FL 32256

Mailing Address
P.O. BOX 10729
JACKSONVILLE FL 32247-0729
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1972	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1432383	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, DUANE A.		1.2 NAME		
STREET ADDRESS	10475-110 FORTUNE PKWY.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURCELL, CARLENA E.		2.2 NAME		
STREET ADDRESS	10475-110 FORTUNE PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY, MICHAEL J.		3.2 NAME		
STREET ADDRESS	10475-110 FORTUNE PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, THOMAS L.		4.2 NAME		
STREET ADDRESS	10475-110 FORTUNE PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LEE R		5.2 NAME		
STREET ADDRESS	10450 SAN JOSE BLVD. #3		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, ROBERT III		6.2 NAME		
STREET ADDRESS	220 S. RIDGEWOOD AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA FL		6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)