

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

FILED

98 JAN 18 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 470606 (5)
1. Corporation Name
XYZ INSURANCE, INC.

Principal Place of Business Mailing Address
LEGAL DEPT. 9TH FLOOR LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR 2601 S BAYSHORE DR
MIAMI FL 33133-2461 MIAMI FL 33133-2461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1975

4. FEI Number

59-1640724

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, JOEL K
2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133

81 Name

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

200002436842--3

83

02/20/98 01103-025

****158.75 ****158.75

84 City

FL

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 ☐ DELETE

NAME
JEFFREY, THOMAS W.
STREET ADDRESS
2601 S. BAYSHORE DRIVE
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VAS
LANGLEY, MARCIA H.
STREET ADDRESS
2601 S. BAYSHORE DRIVE
CITY-ST-ZIP
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VT
FISCHER, JOHN H.
STREET ADDRESS
2601 S. BAYSHORE DRIVE
CITY-ST-ZIP
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VSD
GOLDMAN, JOEL K.
STREET ADDRESS
2601 S. BAYSHORE DRIVE
CITY-ST-ZIP
MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
VDCS
CARLETON, CALLUS N.
STREET ADDRESS
2601 S BAYSHORE DR
CITY-ST-ZIP
MIAMI FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
VDCAS
Cook, Paula
5.3 STREET ADDRESS
2601 S. Bayshore Drive
5.4 CITY-ST-ZIP
Miami, Florida 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
V
Laguardia, John
6.3 STREET ADDRESS
2601 S. Bayshore Drive
6.4 CITY-ST-ZIP
Miami, Florida 33133

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.

SIGNATURE

Handwritten signature

2-12-98

2-5-98

CR2E034 (10/97)