

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90045 028 \*\*\*158.75

DOCUMENT # 470606

1. Corporation Name  
XYZ INSURANCE, INC.

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

Mailing Address  
LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

83

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 DP ☐ 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 VAS ☒ DELETE  
NAME 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 VT ☐ DELETE  
NAME 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 VSD ☐ DELETE  
NAME 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 VCAS ☐ DELETE  
NAME COOK, PAULA  
STREET ADDRESS 2601 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI FL 33133

5.1 TITLE V/C/AS/D ☒ Change ☐ Addition  
5.2 NAME Cook, Paula  
5.3 STREET ADDRESS 2601 S. Bayshore Drive  
5.4 CITY-ST-ZIP Miami FL 33133

TITLE V ☐ DELETE  
NAME LAGUARDIA, JOHN  
STREET ADDRESS 2601 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI FL 33133

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-9-99

305-859-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0193332

CR2E034 (11/98)