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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 490688

(9)

HALIFAX REINSURANCE CORPORATION

Principal Place of Business Mailing Address							)/#II #I#II 18#I	
140 S. ATLANT ORMOND BEAC US			140 S. ATLANTIC AVENUE ORMOND BEACH FL. 32176-6689 US					
						3. Date Incorporated or Qualified 12/22/1975	3a. Date of La 05/01/199	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	<u> </u>	Applied For
21		26			··· ··· · · · · · · · · · · · · · · ·	59-1641033		Not Applicable
Suite, Apt. 22	No. No. 1 and 1 an	27	pt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	0		City & State			6. Election Campaign Financing \$5.00 May Be		
23	Country		Zip Country			Trust Fund Contribution Added to Fees		
Zip <b>24</b>	25 29			30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<b></b>	9. Name and Address of Cur			<u> </u>		10. Name and Address of New Re		
CT (	CORPORATION SYSYTEM			81	Name.			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Ad	Address (P.O. Box Number is Not Acceptable)		
PLA	NIAHUN FL 33324			83				
				84	City		<b></b> 85	Zip Code
							FL   TI	•
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	9502 and 607.1508, ate of Florida. Such oligations of, Section	Florida Statutes change was au 607.0505, Flori	the above thorized by da Statute	e-named co the corpor s.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changil t the appointmen	ng its registered t as registered
SIGNATURE	***							
	Sharatare, typed or printed name of registered	Lagent and fille Lapplicable AND DIRECTORS	(NOTE: I	Registered Age	nt signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TODE IN 10
12.	SVT		DELETE	1.1 TITLE		The second secon	Char	
NAME	LONG, WILLIAM T	•		1.2 NAME		SVTD	<b>QQ</b> UIII	.go
STREET AUDRESS	5 SHERWOOD DR			1.3 STREET	Annarce			
City St 7/2	ORMOND BEACH FL			1.4 CITY - S		•		
THE	PD		DELETE	21 TITLE	1-217		Char	nge Addition
NAME	BURT, W L	_	2.2 NA		1		. —	
SPIEET AUDRESS	140 S ATLANTIC AVE			2.3 STREET	ADDRESS			
CHY-SI 751	ORMOND BEACH FL			2 4 CiTY-	- 1			
TIEF	VSD		DELETE	3 1 TITLE			☐ Char	nge 🔲 Addition
NAME	DEINER, JOHN			3.2 NAME				
STREET ADDRESS	140 S ATLANTIC AVE			3 3 STREET	ADDRESS		•	
011 Y - \$1 - 7 P	ORMOND BEACH FL			34 CITY-	ST-ZIP	•		
1:11 F		Ţ	DELETE	4.1 TITLE	9	VD	☐ Char	nge 🔣 Addition
NAME				4. 2 NAME	ď	IPARDO, ANTHONY L.		
STREET ADDRESS				43 STREET	ADDRESS 1	40 S. ATLANTIC AVE		
CHY ST ZP				4.4 CITY - S	T-ZIP	RMOND BEACH, FL		
HILF			DELETE	5 1 TITLE		1	Char	nge [X] Addition
NAME				52 NAME		EE, M.M.		
STREET ADDRESS				5 3 STREET		140 S. ATLANTIC AVE		
CHY-\$1-7P				5.4 CITY-5		ORMOND BEACH, FL		
1 111			DELETE	61 TITLE	T	PRINCIPLE DEACH , FL	Char	nge 🔲 Addition
NAME				62 NAME				
223900A L4342				E 3 STREET	ADDRESS			

14. I do 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 attachyrient with an address. appears in Block 12 or Block 13 if changed, or on an attach William T. Long, Sr. VP & Treas. 4/3/97 (904)677-4453

64 CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 19 1997 8:00am

Secretary of State

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