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 # 498502
1. Corporation Name
FLORIDA INSURANCE ASSOCIATES, INC.

(4)

FILED	
May 06 1997 8:00am	1
Secretary of State	



Principal Place 4000 HOLLYWO BUITE 825 8.	OD BLD.	Address LYWOOD BLVD. 5 8.										
HOLLYWOOD FI	L 33021	HOLLYWOOD US	HOLLYWOOD FL 33021-6751 US				3. Date Incorporated or Qualified 03/09/1976	I	3a. Date of Last Report 03/21/1996			
	lace of Business	2a. Mailing A	ddress				4. FEI Number		———	Applied For		
Suite, Apt.	# oto	26 Suite, Ap	t # etc				59-1655551			Not Applicable		
22	W, 010.	27	ι. π, σιο:				5. Certificate of Status Desired			Additional Required		
City & State)	City & Sta	nto				6. Election Campaign Financing			O May Be		
23		28					Trust Furid Contribution			d to Fees		
Zip	Country	Zip	n				8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 29 Name and Address of Current Registered A		30			Florida Statutes Yes No 10, Name and Address of New Registered Agent						
· Will	IAMS, NADINE N	tent negistered Age	III.	81	Name	1	U. Name and Address of New	nagistered	Agent			
	HOLLYWOOD BLVD			82								
	E 625 S.					Address	(P.O. Box Number is Not Accept	(able)				
	LYWOOD FL 33021			83								
: 1				84	City				85 Zij	p Code		
								FL	-			
office or re	to the provisions of Sections 607 t egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida, Such c	hanne was authoriz	od by	the com	corpora poration	tion submits this statement for the s board of directors. I hereby acc	e purpose o cept the app	of changing pointment a	ils registered as registered		
SIGNATURE												
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	(NOTF flegiste	<u> </u>	nt Signature i	required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO)BS IN 12		
TITLE	PD			711LE	·	-		TOLINO AIT	Change			
NAME	-DYER,HARO LD-J.	•	1.2	NAME	ſ		SIDENT	· Th		1		
STREET ADDRESS	838 S. TTH AVENUE		13	STREET	ADDRESS		ERT E. WILLIAMS, § D HOLLYWOOD BLVD.		c			
CITY-ST-ZIP	-HOLLYWOOD FL			CITY-S	3 - ZIP		LYWOOD, FL 33021					
TITLE	STD	L.		TITLE		поп	DIWOOD, FII JJUZI	-	☐ Change	Addition		
NAME	WILLIAMS, NADINE 581 LAKE DASHA CR.		B ***	NAME								
STREET ADDRESS	PLANTATION FL.				ADDRESS							
CITY-ST-ZIP TITLE	I BUILDING	·	· ····	CITY-S TITLE	51-712				Change	Addition		
NAME		-		NAME								
STREET ADDRESS					ADDRESS					ļ		
CITY-ST-ZIP			3.4	CITY-S	S1 - Z(P							
ŢĬŢĹĔ			DELETE 4.1	TITLE					Change	Addition		
NAME			4 2	NAME								
STREET ADDRESS					AUDRESS							
CITY-ST-ZIP				CITY-S	1 - ZIP				Change	Addition		
TITLE NAME		Ļ		TITLE NAME					LI Change	: Manifold		
STREET ADDRESS			i i		ADDRESS					İ		
CITY-ST-ZIP				Cily - 5								
TITLE				TITLE	- -				☐ Change	Addition		
NAME			62	NAME	ĺ							
STREET ADDRESS			63	STREET	ADDRESS							
.CITY-ST-ZIP			6.4	cay-s	T-7IP		Section 119.07(3)(i), Florida Statu			İ		

Information indicated on this angular port or supplemental annuly proport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the deporation or the receiver or triveled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 1

4-18-97 (OCU) 983.2700