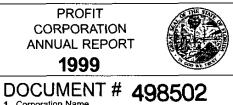
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA INSURANCE ASSOCIATES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90180 040 \*\*\*150.00

|--|--|

Principal Place of Business Mailing Address										
4000 HOLLYWOOD BLD. 4000 HOLLYWOOD BLVD.										
SUITE 625 S. SUITE 625 S.						DO NOT WEIT	E IN THIS SO	ACE		
HOLLYWOOD F	L 33021	•	HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed 03/09/1976				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	plied For	
21		26				59-1655551		No	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				<del> </del>		88.75	Additional	
22	.,	27	¬ '''			5. Certifcate of Status Desired		Fee R	equired	
City & State	<u> </u>	City & State				6. Election Campaign Financing		\$5.00	May Be	
23					Trust Fund Contribution			to Fees		
Zip	Country	Zip	<u> </u>			8. This corporation owes the curre	nt year Intang	ible		
24	25	29 30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren					10. Name and Address of New Re	egistered Ag	ent		
				81	Name					
WILL	iams, nadine n				O A LL CO C C LL C LL C C C C C C C C C C C					
4000	HOLLYWOOD BLVD		82			Street Address (P.O. Box Number is Not Acceptable)				
SUIT	E 625 S.		83							
HOL	LYWOOD FL 33021		\ \(\lambda_{\text{\tin}\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\ti}\tint{\text{\text{\text{\texi}\text{\texit{\text{\texi}\text{\text{\texi}\text{\text{\texi}\til\titt{\text{\ti}\tiint{\text{\ti}\tiint{\text{\texit{\text{\texi}\tint{\text{\texit{\texi}							
	•			84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the al	bove-	named corp	oration submits this statement for the p	ourpose of cha	nging its	registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was au	thorized	l bv tr	ne corporatio	on's board of directors. I hereby accept	the appointm	ent as re	egistered	
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE: I	Registered	Agent s	signature require	d when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	WILLIAMS, ROBERT E SR		1.2 NA	ME					1	
STREET ADDRESS	ADDO HOLLYWOOD DLYD GOE C		REET A	ADDRESS						
CITY-ST-ZIP	HOLLINGOD FI		14 CF	TY-ST-	ZIP					
TITLE	STD	☐ DELETE	2.1 TM					Change	☐ Addition	
NAME	WILLIAMS, NADINE		2.2 NA	ME						
STREET ADDRESS	561 LAKE DASHA CR.		1		ADDRESS					
]	PLANTATION FL		1	ITY-ST	ì				l	
CITY-ST-ZIP TITLE	T DANTAHON T E	☐ DELETE	3 1 TIT		-ZIF	·	Г	Change	Addition	
		<u></u> 500015	3.2 NA				_	•		
NAME					ADDRESS				i	
STREET ADDRESS									ł	
CITY-ST-ZIP	and the second s	☐ DELETE	3.4. C	17-5 <u>7-</u>	-211			7 Change	Addition	
TITLE		C) DELETE						_,		
NAME			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST-	ZIP			Change	☐ Addition	
TITLE		U DELETE	5.1 TI				L	_ change	L Addition	
NAME			5.2 NA							
STREET ADORESS					ADDRESS					
CITY-ST-ZIP				TY-ST	ZIP		-	201	ETT A LOVE .	
TITLE		☐ DELETE	6.1 TIT		{			] Change	Addition	
NAME			6.2 NA	AME					1	
STREET ADDRESS			6.3 ST	TREET A	ADDRESS				1	
			64.00	TV_ST_	7iD					

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 suppliemental 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 section 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 any attactment with any address with all other like empowered.

SIGNATURE: