

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 578434 (3)

1. Corporation Name

SELF INSURANCE ADMINISTRATORS, INC.



Principal Place of Business

9350 S DIXIE HWY #1580
MIAMI FL 33156

Mailing Address

9350 S DIXIE HWY #1580
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 8201 S.W. 124 Street
Suite, Apt. #, etc.

26 8201 SW 124 Street
Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

27 City & State
28 MIAMI FL

24 Zip Country
25 33156 USA

29 Zip Country
30 33156 USA

9. Name and Address of Current Registered Agent

LYONS, MICHAEL T
9350 S DIXIE HWY #1580
33156

3. Date Incorporated or Qualified

07/12/1978

3a. Date of Last Report

04/21/1995

4. FET Number

59-2044201

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 has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LYONS, MICHAEL T.

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

8201 S.W. 124 Street

83

84 City

MIAMI

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 is 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 607.1505, Florida Statutes.

SIGNATURE

Michael Lyons

P.D.

APR 3, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD
REID, THOMAS P
STREET ADDRESS 9350 S DIXIE HWY #1580
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME VD
REDLUS, BURT E
STREET ADDRESS 19 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME PD
LYONS, MICHAEL T
STREET ADDRESS 9350 S DIXIE HWY #1580
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached oath or address.

SIGNATURE:

Michael Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prep/Div 4/3/96 (305) 670-1975

CR2E034 (12/95)