

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 578434 (3)

1. Corporate Name
SELF INSURANCE ADMINISTRATORS, INC.

Principal Place of Business

8201 SW 124TH ST
MIAMI FL 33156
US

Mailing Address

8201 SW 124TH ST
MIAMI FL 33156-5932
US



2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LYONS, MICHAEL T
8201 SW 124TH ST
MIAMI FL 33156

3. Date Incorporated or Qualified

07/12/1978

3a. Date of Last Report

04/08/1996

4. FEI Number

59-2044201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent (not a copy) or

84001 Registered Agent signature (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	SD	☐ DELETE
12.2	REID, THOMAS P	
12.3	9350 S DIXIE HWY #1580	
12.4	MIAMI, FL 00000	
12.5	VD	☐ DELETE
12.6	REDLUS, BURT E	
12.7	19 WEST FLAGLER STREET	
12.8	MIAMI, FL 00000	
12.9	PD	☐ DELETE
12.10	LYONS, MICHAEL T	
12.11	8201 SW 124TH ST	
12.12	MIAMI, FL 00000	
12.13		☐ DELETE
12.14		
12.15		☐ DELETE
12.16		
12.17		☐ DELETE
12.18		
12.19		☐ DELETE
12.20		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY - ST - ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY - ST - ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY - ST - ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY - ST - ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY - ST - ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	6.4 CITY - ST - ZIP	

14. I declare by certifying that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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. I changed, or am attaching with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Lyons, Pres. 3/15/97 (305) 254-2133

Date

Daytime Phone #

0213354

CR2E034 (9/96)