ANNU	PROFIT RPORATION JAL REPO 1996	ORT		B-1	Secr	PARTMENT fra B. Morth retary of Sta DF CONTOR	am te				
DOCUI 1. Corporation	MENT Name	# 61	4588	}	(2)						
		ISURANCI	E, INC. OI	F LAKE	PARK						
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Principal Place of Business Mailing Address											
915 PARK AVE. P.O. BOX 272995				915 PARK AVE.							
BOCA RATON					BOX 272995 A RATON FL 334	127					
								 Date Incorporated or Qualif 02/26/1979 		of Last F /01/19	,
2. Principal Pla 1	ace of Busine	ess		Fn	iling Address			4. FEI Number		101110	Applied For
Suite, Apt. #	#, etc.			26 Su	ite, Apt. #, etc.			59-1888086		\$0.7	Not Applicable 5 Additional
City & State			·	27				5. Certificate of Status Desired	L.J		Additional Required
City & State				28 Cit	y & State			Election Campaign Financin Trust Fund Contribution	9 []		00 May Be ed to Fees
Zip 4		Country 25	U 5	Zφ	l		intry US	8. This corporation has liability	for intangible ta		
•		and Address		29 Registere	d Agent	30	<u> </u>	Florida Statutes 10. Name and Address of Ne	Yes No	Agent	
***************************************							81 Name				
STEVENS 915 PARI	S, KEVIN M K ave	•					82 Street Add	ress (P.O. Box Number is Not Acce	ptable)		
	RK FL 334	03					83			···	
							84 City			Tot 7	- O- d-
							041 043		P+ 1	85 Z	rp Code
1. Pursuant to	o the provisio	ns of Section	e 607 0502 a	nd £07 15	OR Elorido Ctoto	don Hin obe	L_I		<u> </u>		
11. Pursuant to or registere familiar with	o the provision and agent, or the	ons of Sections both, in the St	s 607.0502 a ate of Florida as of Section	nd €07.15 Such cha 1607.050	08, Florida Statu inge was authori - Florida Statute	ites, the abo	ve-named corpo corporation's boa	ration submits this statement for the ird of directors. I hereby accept the i	purpose of cha appointment as	nging its registered	registered office d agent. I am
SIGNATURE _	,			100 .000	o, Florida dicitate				purpose of cha appointment as	nging its registered	registered office d agent. I am
SIGNATURE _	,	r printed name of ri		otire lappica	# (N	VO1E: Registeren	ive-named corpo corporation's boat Agent signature require	o when reinstating	purpose of cha appointment as		
SIGNATURE 5	Signature, typed o	r protect name of ri	egistered agent and	otire lappica	# (N		Agent signature require		purpose of cha appointment as DATE OFFICERS AND		
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