Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90065 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # 615795					
1. Corporation) INSURANCE SERVICES, II	NC .				
,ITALIANC) INSUNANCE SERVICES, II	10.		E 1881/18 BRIGH (1881) BRIGH (1881) FRIAN BRIGH (1881))	B I
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Principal Place	of Business	Mailing Address			\$1911 \$1811 \$1911 \$1911 B1811 B1811 IOI	B.I
2506 S. MACDIL	LL AVE.	P.O. BOX 18425				
#A Tampa Fl 3362	7210	TAMPA FL 33679-8425 US		DO NOT WRITE IN TH	IS SPACE	
US	:5-7210	03		3. Date Incorporated or Qualifed	.	ŀ
				03/29/1979		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 Suite Ast # etc		59-1892236	\$8.75 Additional	же
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		- 6. Election Campaign Financing	\$5:00 May Be	=
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		.
24	25	29 3	0	Personal Property Tax.	Yes No	-
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
ITALI	ANO, JEFFREY G					
2506-A S. MACDILL AVE.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
TAMI	PA FL 33629		83			
			84 City		. 85 Zip Code	-
						_
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named co	progration submits this statement for the purpose	of changing its registered	a 1
office or re	edictored agent or both in the State of	of Florida, Such change was auth	norized by the corpora	ation's board of directors. I hereby accept the app	ointment as registered	۱ ۱
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auti ions of, Saction 667.0505, Florid	nonzed by the corpora la Statutes.	ation's board of directors. I hereby accept the app	oointment as registered	
office or re agent. I at	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auth ions of, Saction 667.0505, Florid	nonzed by the corpora la Statutes.	Afrey 6. Italia 1-	opintment as registered	
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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 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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS