


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90137 018 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 743976</b>					
1. Corporation Name <b>FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION</b>					
Principal Place of Business C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399			Mailing Address C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/18/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1932693	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERDIE, AINSLEE R. 717 PONCE DE LEON SUITE 215 CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAY, GREGORY G.			1.2 NAME			
STREET ADDRESS	5318 BALSAM STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	D			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERDIE, AINSLEE R.			2.2 NAME			
STREET ADDRESS	717 PONCE DE LEON, #215			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUFRESNE, ELIZABETH			3.2 NAME			
STREET ADDRESS	200 S BISCAYNE BLVD#4000			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	TD			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, G. DAN			4.2 NAME			
STREET ADDRESS	650 APALACHEE PKY.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE	PD			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, RAYFORD H			5.2 NAME			
STREET ADDRESS	317 N. CALHOUN ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	D			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, RAFAEL			6.2 NAME			
STREET ADDRESS	2050 CORAL WAY, S-304			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-29-99

Date

850/561-5600

Daytime Phone #

CR2E037 (1/1/98)

143976  
401207-90137-18

**FLLIC BOARD OF DIRECTORS**

7.1	TITLE	S/D
7.2	NAME	Garrett, William R.
7.3	STREET ADDRESS	Post Office Box 2466
7.4	CITY-ST-ZIP	Panama City, Florida 32401
8.1	TITLE	D
8.2	NAME	Murphy, William F., III
8.3	STREET ADDRESS	4770 Biscayne Boulevard, Suite 960
8.4	CITY-ST-ZIP	Miami, Florida 33137
9.1	TITLE	D
9.2	NAME	Nelson, Debra S.
9.3	STREET ADDRESS	105 East Robinson Street, Suite 301
9.4	CITY-ST-ZIP	Orlando, Florida 32801
10.1	TITLE	D
10.2	NAME	Shear, L. David
10.3	STREET ADDRESS	201 East Kennedy Boulevard, Suite 1000
10.4	CITY-ST-ZIP	Tampa, Florida 33602-5117
11.1	TITLE	D
11.2	NAME	Sisselman, Murray
11.3	STREET ADDRESS	UTD, 2929 Southwest 3rd Avenue
11.4	CITY-ST-ZIP	Miami, Florida 33129
12.1	TITLE	D
12.2	NAME	Weiner, Susan
12.3	STREET ADDRESS	DCPS, 1500 Biscayne Boulevard, Suite 127
12.4	CITY-ST-ZIP	Miami, Florida 33132
13.1	TITLE	D
13.2	NAME	Wheeler, Harold A.
13.3	STREET ADDRESS	6695 Southwest 112th Street
13.4	CITY-ST-ZIP	Miami, Florida 33156
14.1	TITLE	V/D
14.2	NAME	Williams, Gerald A.
14.3	STREET ADDRESS	1450 Northeast 2nd Avenue, Suite 552
14.4	CITY-ST-ZIP	Miami, Florida 33132

**DELETE**