	E NOW: FILING FI PROFIT RPORATION UAL REPORT 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CC	MENT OF B Harris of State	STATE		Apr 29 Secret		ED 99 8:0 of Sta 035 ***150	
<ol> <li>Corporatio</li> </ol>	MENT # 8580 PR INSURANCE COMP									
•		195 P C	illing Address LAKE LOUISE MARIE RD ) BOX 5016 CK HILL NY 12775	).			DO NOT WR 3. Date Incorporated or Qualified 10/10/1983			
2. Principal P	Place of Business		Mailing Address				4. FEI Number			lied For
Suite, Apt		26	Suite, Apt. #, etc.				13-2559805		\$8.75 A	Applicable dditional
2		27					5. Certifcate of Status Desired		Fee Rec	
City & Sta	ate	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 ( Added to	
Zip	Country		Zip	Countr	/		8. This corporation owes the cur	rent year Ir		
4	25 9. Name and Address of	29 Current Regis	3 tered Agent	0			Personal Property Tax. 10. Name and Address of New	Registered		
office or agent. I a	registered agent, or both, in th am familiar with, and accept th	ne State of Florid	a. Such change was aut	norizea by	e-named	corpora oration's	tion submits this statement for the board of directors. I hereby acce	FI e purpose o pt the appo	f changing its i	remistered
SIGNATURE										{
	Signature, typed or printed name of regi		_ <u></u>		nt signature :	equired wi	ien reinstating)	DATE		
12.	Signature, typed or printed name of regi	istered agent and title i ERS AND DIRE	_ <u></u>	tegistered Age	nt signature :	equired wi	en reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
TITLE NAME	Signature, typed or printed name of regi OFFIC TVD MISHLER, MARK H	ERS AND DIRE	CTORS	13.	nt signature :	equired wi				
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