

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

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F17975 (6)
1. Corporation Name
ALL-DADE INSURANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18151 S.W. 98 CT. MIAMI FL 33157 US		Mailing Address 7955 S.W. 201 TERR. MIAMI FL 33189	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 18151 SW 98 CT. 27 Suite, Apt. #, etc. 28 MIAMI, FL 29 Zip 30 33157 US	
3. Date Incorporated or Qualified 02/13/1981		4. FEI Number 59-2073442	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MACDOUGALL, EDWARD P 7955 S.W. 201 TERR. MIAMI FL 33189		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MACDOUGALL, EDWARD P	1.2 NAME	
STREET ADDRESS	7955 S.W. 201 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	DOSTALER, FRANCIS P	2.2 NAME	
STREET ADDRESS	8731 SW 188 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)