


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90004 047 \*\*\*150.00

0071506

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F72760**  
 1. Corporation Name  
**FINANCIAL SERVICE UNDERWRITERS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>400 EXECUTIVE CENTER DR<br>106<br>W. PALM BEACH FL 33401<br>US | Mailing Address<br>400 EXECUTIVE CENTER DR<br>106<br>W. PALM BEACH FL 33401<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |  |
|--|--|--|
| 3. Date Incorporated or Qualified<br><b>03/19/1982</b>                             | 4. FEI Number<br><b>59-2163522</b>                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                    |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                       |  |
| 8. This corporation owes the current year Intangible Personal Property.            | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**HILL, WILLIAM A.**  
**400 EXECUTIVE CENTER DR #209 - #106**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | C                             | <input type="checkbox"/> DELETE |
| NAME           | HILL, WILLIAM A               |                                 |
| STREET ADDRESS | 400 EXEC CTR DR 106           |                                 |
| CITY-ST-ZIP    | W. PALM BEACH FL              |                                 |
| TITLE          | V                             | <input type="checkbox"/> DELETE |
| NAME           | CRUSE, ROBERT C.              |                                 |
| STREET ADDRESS | 400 EXEC CTR DR #209          |                                 |
| CITY-ST-ZIP    | W. PALM BEACH FL              |                                 |
| TITLE          | P                             | <input type="checkbox"/> DELETE |
| NAME           | MCBRIDE, BARBARA              |                                 |
| STREET ADDRESS | 400 EXECUTIVE CTR DR, STE 106 |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL            |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 on an attachment with an address.

SIGNATURE: *Barbara McBride* 6/30/99 561-8888

CR2E034 (5/99)

Financial Service Underwriters, Inc.  
400 Executive Center Dr., #106  
West Palm Beach, FL 33401  
561-684-8188

F72760  
582226-90004-47

June 30, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Tax ID #59-2163522

We never received the 1<sup>st</sup> notice of the 1999 Profit Corporation Annual Report. If you check back over the years this has never been late. I would appreciate it if you would accept the \$150.00.

Your cooperation in this matter would be greatly appreciated.

Thank you.

Sincerely,



Barbara McBride

Enclosure