

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:57

DOCUMENT # **F80284** (5)

1. Corporation Name

NATIONAL INSURANCE SERVICES, INC.

Principal Place of Business
3629 QUEEN PALM DRIVE
P.O. BOX 30324
TAMPA FL 33630-0324

Mailing Address
3629 QUEEN PALM DRIVE
P.O. BOX 30324
TAMPA FL 33630-0324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1982**
3a. Date of Last Report: **03/29/1994**

4. FEI Number: **59-2269049**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

FOSSI, JR. P
3629 QUEEN PALM DRIVE
TAMPA FL 33619

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BUMPAS, STEVENS M
STREET ADDRESS	601 POYDRAS STR
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	VAS
NAME	FLYNN, JUDITH L.
STREET ADDRESS	3629 QUEEN PALM DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	FOSSI, PETER
STREET ADDRESS	3629 QUEEN PALM DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	TUMMINELLO, THEODORE
STREET ADDRESS	601 POYDRAS ST
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	D
NAME	ROBERTS, JOHN K. JR.
STREET ADDRESS	601 POYDRAS ST
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	D
NAME	LEBLANC, SIDNEY A
STREET ADDRESS	601 POYDRAS STR
CITY-ST-ZIP	NEW ORLEANS LA

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 of this report or in an attachment with this address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 *813/626-6111*
DATE DAYTIME PHONE #