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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

F80284

(5)

NATIONAL INCURANCE SERVICES, INC.

	L INSUHANCE SERVICES,	, 1110					
Principa: Place of Business 3629 OUEEN PALM DRIVE P.O.BOX 30324 TAMPA FL 33630-0324		Mailing Address			t imminde eine immin maten erman an	···· 4:5: 4:4: 4:4:	
		3629 OUEEN PALM DRIVE P.O.BOX 30324 TAMPA FL 33630-0324					
				Date Incorporated or Qualified     05/07/1982	3. Date Incorporated or Qualified		
2. Principal Plac	o of Rusiness	2a. Mailing Address			4. FEI Number		Applied For
2. Principai Piac	6 OL Ditaliass	26			59-2269049		Not Applica
Suite, Apt. #,	etc.	Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional
City & State		Orty & State			6. Election Campaign Financing Trust Fund Contribution	<u>L</u>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for Florida Statutes	or intangible ta: ′es □No	x unders 199.032,
4	25	29	[30]	T	10. Name and Address of New		Agent
	g. Name and Address of Curren	t Hegistered Agent		81 Name	AKER, DANIEL D.		
50001 15	<b>.</b> n			WHITA	ddress (P.O. Box Number is Not Accep	table)	
FOSSI, JF	r. P Een Palm Drive			82 Street A	O SOUTH ASHLEY DRIVE		
TAMPA F				93	ITE 1190		
IMMENT	L 300 15			84 City	E 1190		85 Zip Code
				TAMP.	<b>A</b> , rporation submits this statement for the board of directors. I hereby accept the a	<u>FL</u>	.    33602
11. Pursuant to or registere familiar with	d agent, or both, iff the state of right n, and accept the obligations of, Sect		n a n				And the second s
signature _	Signature (past or printed name of my their Lagrid OFFICERS AN	a the dage वर्षे DDRECTORS	NOTE By please	d Agent signature re	WHITAKER, ESQ.  Squared of action is stating?  ADDITIONS CHANGES TO C		ODIRECTORS IN 12 Change Addi
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAING OFFICER OF DIRECTOR DATH L. FLYNN, ASST. CORP. SECRETARY

APRIL 29, 1996

813-626-6111

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