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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F80284

(5)

NATIONAL INSURANCE SERVICES, INC.

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May 02 1997 8:00am
Secretary of State

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2. Principal F	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	<u>k</u>	A	pplied For
1		26			59-2269049		N	ot Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State	- 11,		6. Election Campaign Financing		\$5.00	May Be
โ		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Сош	ntry	8. This corporation has liability for	intangible i	tax under	s. 1 9 9.032,
	25	29	30			Yes		
	9. Name and Address of Cur	rrent Registered Agent		a ()	10. Name and Address of New Re	egistered A	gent	
	ITAKER, DANIEL D			81 Name				
	South Ashley Drive Te 1190		Ì	82 Street	Address (P.O. Box Number is Not Accepta	ble)		
	APA FL 33602			83				
			}	84 City	<u> </u>		85 Zip	Code
			1	i - 1	corporation submits this statement for the poration's board of directors. I hereby acce	FL	11	
	Signature, type d or printed name of registered				required when reinstaling)	DATE		
SIGNATURE	Styrestore, type dior printed partie of registered OFFICERS			Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI PRESIDENT	DATE ICERS AND	DIRECTO X Change	RS IN 12
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I do 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.

GNATURE:

4/21/97

813-626-6111

Paytime Proces

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SIGNATURE:

TRES. OFFICER OF DIRECTOR CORP. SECRETARY

Daytime Phone #