

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

FILED
May 26 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 # 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 SAME	
2. Principal Place of Business 21 ADMINISTRATIVE OFFICE: Suite, Apt. #, etc. 22 601 POYDRAS ST., LEGAL DEPT City & State 23 NEW ORLEANS, LA Zip 24 70130		2a. Mailing Address 26 ADMINISSTRATIVE OFFICE: Suite, Apt. #, etc. 27 601 POYDRAS ST., LEGAL DEPT City & State 28 NEW ORLEANS, LA 70130 Zip 29 70130 Country 30 USA	
9. Name and Address of Current Registered Agent DANIEL D. WHITAKER, ESQ.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 712 S. OREGON AVENUE 83 84 City TAMPA 85 Zip Code FL 33606	
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT & DIRECTOR HAROLD J. RYAN 601 POYDRAS STREET NEW ORLEANS, LA 70130		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VAS FLYNN, JUDITH L. xxxxx DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY & DIRECTOR WILLIAM T. STEEN 601 POYDRAS STREET, LEGAL DEPT NEW ORLEANS, LA 70130		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR RONALD MACINNIS xxxxx DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR ROBERTS, JOHN K. JR 601 POYDRAS STREET, 28TH FLOOR NEW ORLEANS, LA 70130		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR SIDNEY A. LEBLANC 601 POYDRAS STREET, 28TH FLOOR NEW ORLEANS, LA 70130		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: William T. Steen

APRIL 30, 1998 (504) 566-3783

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