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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F90441

LLOYD'S OF ENGLAND, INC.

(9)

FILED

May 07 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 347 PLAZA REAL. MIZNER PARK **BOCA RATON FL 33432**

347 PLAZA REAL. MIZNER PARK **BOCA RATON FL 33432**

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1982

4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.	at Thirdpart idea of business		and Maining Address		59-2202368		Applied For	
27 City & State	21 Suito Ant	4 ata	Suite Ant # etc			39-2202300		Not Applicable
28	22				5. Certificate of Status Desire	M I N		
Zip Country Zip Country Zip So So Souther Sout	City & State					6. Election Campaign Finance	ing \$	5.00 May Be
28								
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 81 Name BERT H.H.LLOYD 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City BOCA RATON FL B5 Zip Code 83 City BOCA RATON FL B6 Zip Code 83 City BOCA RATON FL B7 Size of Florida Statutes. The above-named corporation submits this statement for the purpose of changing lits 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, and naminar with, and acceptable objection 607.0505, Florida Statutes. SIGNATURE B901/1/1/2 Signature hyperio purpled name of registered agent and title lappar above in 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DATE 1.1 TITLE 1.2 NAME 1.1 LOYD, BERT 1.2 NAME 1.2 NAME 1.2 NAME 1.3 SIREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 PARE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.5 DELETE 1.5 TITLE 1.6 DELETE 1.7 TITLE 1.7 STREET ADDRESS 1.8 CHANGES 1.8 STREET ADDRESS 1.9 STREET ADDRESS 1.1 STREET ADDRESS 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.5 CHANGES 1.5 STREET ADDRESS 1.6 CHANGE TO OFFICERS AND DIRECTORS IN 12 1.7 STREET ADDRESS 1.8 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.8 CHANGE TO OFFICERS AND DIRECTORS IN 12 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.5 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 STREET ADDRESS 1.5 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 STREET ADDRESS 1.5 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 STREET ADDRESS 1.5 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 STREET ADDRESS 1.5 CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 CHANGES TO		Country Zip Co.			e, mis corporation ones of his part the content year micrografic			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 25 Street Address (P.O. Box Number is Not Acceptable) COGO OCD COUNT PD #208 31. 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 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 obligation of Section 607,0505, Florida Statutes. The appointment as registered agent. I am familiar with, and accept the obligation of Section 607,0505, Florida Statutes. SIGNATURE SECON RATON SIGNATURE SECON RATON SECON RATON STATE ADDRESS CITY-SI-ZIP TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE 1.2 PAD Change Addition Change C								
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83			t Registered Agent					
## City ## City ## Command Representation of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligation ptr. Section 607,0505, Florida Statutes. ### City ## City ## Command Representation of the purpose of changing its registered agent. I am familiar with, and accept the obligation ptr. Section 607,0505, Florida Statutes. ### Signature with, and accept the obligation ptr. Section 607,0505, Florida Statutes. ### Signature with and accept the obligation ptr. Section 607,0505, Florida Statutes. ### Signature with, and accept the obligation ptr. Section 607,0505, Florida Statutes. ### Signature with, and accept the obligation ptr. Section 607,0505, Florida Statutes. ### Signature with, and accept the obligation apert and the it approximate agent	AMENDATIER CHARTENED				81 Name REBT H. A. L. DVD			
CORAL GABLES FL 33134 B4								
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 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 obligation (b). Section 607 0505, Florida Statutes. SIGNATURE Best City Bock RATON	CORAL GABLES FL 33134				6061 DLD COURT RD #208			
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 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, and familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature. Signature. Pyred in prefer have of registered agent and title if grylic able. (NOTE Registered Agent signature required when reinstating). DATE OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE LLOYD, BERT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 14. CITY-ST-ZIP TITLE DELETE 21 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Additional Chan					83			
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 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, and familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature. Signature. Pyred in prefer have of registered agent and title if grylic able. (NOTE Registered Agent signature required when reinstating). DATE OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE LLOYD, BERT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 14. CITY-ST-ZIP TITLE DELETE 21 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Additional Chan				84	City		les	Zin Code
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 Scotion 607.0505, Florida Statutes. SIGNATURE Signature. The profed name of registered agent and title III applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE PTD LLOYD, BERT STREET ADDRESS GITY-ST-ZIP TITLE DELETE 1.1 TITLE DELETE 1.2 NAME 1.3 STREET ADDRESS GITY-ST-ZIP TITLE DELETE 21 TITLE Change Additionable 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Additionable Change Additionable Additionable Change Additionable Change Additionable Additionable Additionable Change Additionable Additionable Change				**	"BOC	a raton	FL 🏻	77433
SIGNATURE Signature. Nytect nor purified name of registerial agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD LLOYD, BERT STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 23 STREET ADDRESS CITY-ST-ZIP TITLE ST	11. Pursuant t	to the provisions of Sections 607.0502	2 and 607, 1508, Florida Statut	es, the above	-named corpo	pration submits this statement for	the purpose of chan	ging its registered
SIGNATURE Signetive. hyriect no purpled name of registerial agent and title II applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD LLOYD, BERT STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 32 NAME DELETE 32 NAME DELETE 32 NAME DELETE 32 NAME	office or re	egistered agent, or both, in the State i m familiar with, and accept the oblice	of Florida. Such change was a ation of. Section 607.0505. Flo	authorized by orida Statutes	the corporations.	on's board of directors. I hereby	accept the appointm	ent as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME LLOYD, BERT STREET ADDRESS CITY-ST-ZIP DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS BOCA RATON FL 33432 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Additional Control of the control							410198	
TITLE				E Registered Age	nt signature require	d when reinstating)	DATE	
1.2 NAME	12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS IN 12
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.1 TITLE			□ C	hange
CITY-ST-ZIP BOCA RATON FL 33432	NAME							
DELETE 21 TITLE	STREET ADDRESS				ADDRESS			
NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addib NAME 32 NAME Addib	CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY - S	T - ZIP			
23 STREET ADDRESS 23 STREET ADDRESS 24 CiTY - ST - ZiP	TITLE		☐ DELETE	21 TITLE			□ c	hange Addition
CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME Change Addition	NAME	Į		2.2 NAME	J			
TITLE	STREET ADDRESS			23 STREET	ADDRESS			
TITLE	CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
	TITLE		DELETE				□ c	hange Addition
STREET ADDRESS 3.3 STREET ADDRESS	NAME	i		3.2 NAME				
	STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP 3.4 CITY-ST-ZIP	CITY-ST-ZIP			3.4 CITY-5	ST-ZIP			
			☐ DELETE				C	hange Addition
NAME 4.2 NAME	NAME			4. 2 NAME				
STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY-S	t-zip			1
TITLE DELETE 5.1 TITLE Change Addition	TITLE		DELĒTE	5.1 TITLE			□ C	hange Addition
NAME 5.2 NAME	NAME			5.2 NAME	ľ			
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP 5.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CITY-S	T-ZIP			,
			☐ DELETE				c	hange Addition
NAME 6.2 NAME	NAME			6.2 NAME	1			
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CITY - S	T-ZIP			
14. Thereby 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 informatic indirected on this argual report or supplemental applied to the same length effect as if made under path; that I am an	14. I hereby c	sertify that the information supplied wi	ith this filing does not qualify f	or the exemp	tion stated in S	Section 119.07(3)(i), Florida Statu	ites. I further certify the	nat the information

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:

(56/1361-9907 4/10/98

Applied For