

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

APPROVED
AND
FILED

1997 JUL 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F94000001645**
1. Corporation Name

NATIONAL UNDERWRITERS REAL ESTATE CO., INC.

Principal Place of Business 7901 4th Street North Suite 200 St. Petersburg FL 33702 US	Mailing Address 7901 4th Street North Suite 200 St. Petersburg FL 33702 US
--	--

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

3. Date Incorporated or Qualified 03/31/1994	3a. Date of Last Report 05/01/96
4. FEI Number 35-1915855	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
--	--

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 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	C,D WALL, KARL J
STREET ADDRESS	700 1st STREET SOUTH
CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	☐ DELETE
NAME	D,P,T MCNALLY, JOSEPH W
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	V,D REINKING, LINDA L
STREET ADDRESS	2218 BIRCHBARK TRAIL
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	☐ DELETE
NAME	V,D READ, WAYNE A
STREET ADDRESS	3732 BRAMBLEWOOD COURT
CITY-ST-ZIP	LAND O' LAKES FL 34639
TITLE	☐ DELETE
NAME	V,S BALKAN, THOMAS J
STREET ADDRESS	172 DEVON DRIVE
CITY-ST-ZIP	CLEARWATER BEACH FL 34630
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	700002239937--5
13 STREET ADDRESS	-07/16/97--01101--012
14 CITY-ST-ZIP	****558.75 ****558.06
21 TITLE	☒ Change ☐ Addition
22 NAME	754 PINELLAS BAYWAY
23 STREET ADDRESS	TIERRA VERDE FL 33715
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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

SIGNATURE: **Thomas J. Balkan** 7/15/97 (813) 577-3771 (x208)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)