FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

F94000001646 (8)

1. Corporation Name

NATIONAL UNDERWRITERS COMPUTER CONTROL CO., INC.

COMPLEASE, TAC. N/C 1-22-96 SG-

Principal Place of Business
7901 4TH STREET NORTH
SUITE 200
ST. PETERSRIPG FL 33702

Mailing Address

7901 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33702



US		ST. PETERSBURG FL 33702 US		1				
				3. Date Incorporated or Qualified 03/31/1994 05/01/1995				
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For		
21	26			35-1915856 Not Applicabl			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- · · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	e	Oity & State			Election Campaign Financing \$5.00 May Be			
23 _		28	Countr		Trust Fund Contribution		ded to Fees	
Ζιρ 24	25 29 30			У	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No □ Yes ☒ No □ Yes ☐ Yes ☒ No □ Yes ☐ Yes			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent		
0 - 00			8.	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			8:	83				
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050? a	ind 607.1508, Florida Statute	es, the above	named corpor	ation submits this statement for the pu	rpose of changing	ts registered office	
or register familiar wi	red agent, or both, in the State of Florida ith, and accept the obligations of, Sectio	i i Sucri change was authorize n 607.0505, Florida Statutes	ea by the cor	poration's boar	ra or a rectors. I hereby accept the app	ointriient as registe	red agent. I am	
SIGNATURE	Signature typed or primerimans, of registered agent as	oto Jappi ala- NO	TE: Plug stered Ap	nd Signature regarde	1 when revistating?	DAIL		
12.	OFFICERS AND	DIRECTORS	13.		ADD/TIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	CCEO	DELETE	1. 1 TITLE	C	Eo/c/D	🔀 Chan	ge 🔲 Addition	
NAME	WALL, KARL J		1.2 NAME	ـ ا	100 15 Ave South Tierra	J. 10		
STREET ADDRESS	7901 4TH ST. N., SUITE 200		1.3 STREE	LADDRESS //	00 to the south tierra	verde		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY -	ST-ZIP	HiPetershing FL 337	15		
TITLE	PCFO MCNALLY, JOSEPH W	DELETE	2 1 DTcE	<i>F</i>	0/1/0	🔀 Chan-	ge	
NAME	7901 4TH ST. N., SUITE 200		2.2 NAME		8105 Pecan Grove Alac	c		
STREET ADDRESS	ST. PETERSBURG FL			T ADDRESS /	11- 5- 00 016			
CITY-ST-ZIF TITLE	VP	☐ DELETE	24 ČI¹Y-	S*-7IP -	life, FL 33549 1D	5	FT 4320	
NAME	READ, WAYNE	□ pereig	3 1 117LE 32 NAME		10	Chan	ge [] Addition	
STREET ADDRESS	7901 4TH ST. N., SUITE 200			LADDRESS 3	3732 Bramblewood a	cent		
CHY-ST-ZIP	ST. PETERSBURG FL		3.5 STM	CT 7in	land-o-later Fl	24629		
TITLE	VPCS	☐ DELFTE	4 1 TITLE	SINZIF C	land-o-lakes, FL:	⊠ Chan	ge	
NAME	REINKING, LINDA L.		4.2 NAME		1.5	E 0.000	,. <u> </u>	
STREET ADDRESS	7901 4TH ST. N., SUITE 200			LADDRESS 2	218 Birchbank Trail	,		
CITY-ST-ZIP	ST. PETERSBURG FL		4 4 CITY -	ST-ZIP	Heavarter, Fr 346	23		
TITLE		☐ DELETE	5 1 THEE	17/		☐ Chan	ge 🔀 Addition	
NAME			5.2 NAME	7	homas Ti Balkan	•		
STREET ADDRESS			5 3 STHEE	LANDESSES 📗 🖊	71 Devun Drive	/		
DITY-ST-ZIP			5 4 CITY -	ST-ZIP C	Kamafu Besch 1. 30000177 -04/12/96010	2 34630		
THILE		☐ DELETE	6 1 TITLE		30000	Gentler of the Contract of the	ge 🔲 Addition	
NAME			6.2 NAME		-94/12/96nin	16004		
STREET ADDRESS			6 3 STREE	T ADORESS	***200.00	10 001		
CITY-ST-7IP			64 City.	S1_7tP				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address

SIGNATURE:

AMMAS J. ASALKAN.
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/9

56-trachung #11-96

CR2E034 (12/95)