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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700002251

DREHER INSURANCE SERVICES, INC.

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Principal Plac	e of Business	Mailing Address					68.11 48111 2311		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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OAKBROOK TERRACE IL 60181-4793 OAKBROOK TERRACE IL 60				4793		DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed	TE IN THIS S	-ACL	-
						04/29/1997			
•		2a. Mailing Addre				4. FEI Number		Anr	olied For
·	Place of Business	— ř	1 88			36-3566730		<u> </u>	Applicable
21		26 Suite, Apt. #,	ata			30-3300730		\$8.75 A	
Suite, Apt.	#, etc.		eic.			5. Certifcate of Status Desired	×	Fee Re	i
22		27 City & State				C. Flories Commiss Financias	-		
City & Stat	te	— ´				Election Campaign Financing Trust Fund Contribution		\$5.00 : Added to	
23 Zip	Country	Zip		Country		8. This corporation owes the cur	rent vear Inter		
¬ ˙	25	29	30	5541117		Personal Property Tax.			EZ(No
24	9. Name and Address of Cu		[30]			10. Name and Address of New	Registered Ag		-
	J. Maille alle Addition Of the	TOTAL TO GLOCAL PARTY.		81 1	Name			_	
THO	MAS, PETER J								
	ROBERTS & ROBERTS BROI	KERAGE INC.		82	Street Add	ress (P.O. Box Number is Not Accept	able)		
2929	E. LANGLEY AVE.			83		The state of the s		Walatie.	\$13. JELEV
	SACOLA FL 32504					13880 - 44 18 19 4 -	1. 1911年	主旗物	引,行 5世 125
				84	City		FL	85 Zip C	ode
office or	registered agent, or both, in the Si am familiar with, and accept the ob	tate of Florida. Such chanc	ne was author	rized by the	named con e corporati	poration submits this statement for the ion's board of directors. I hereby acce	рі іпе арроліі	nanging its ment as rec	registered gistered
010147110112	Signature, typed or printed name of registered	d agent and title if applicable.			ignature requin	red when reinstating)	DATE	DIDECTO	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		Change .	
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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 of an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GUIRED

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90018 026 ***158.75