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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 008 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002379

1. Corporation Name

**FINANCIAL INSURANCE MANAGEMENT CORPORATION OF LO
UISIANA**

Principal Place of Business

Mailing Address

**2555 SEVERN AVE..#200
METAIRIE LA 70002**

**2555 SEVERN AVE..#200
METAIRIE LA 70002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

72-1022066

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE **PD** ☐ DELETE
NAME **PANNO, JACK P**
STREET ADDRESS **843 CRYSTAL ST.**
CITY-ST-ZIP **NEW ORLEANS LA 70124**

TITLE **VTD** ☐ DELETE
NAME **KRAUS, FRANK C JR**
STREET ADDRESS **4713 CONLIN ST.**
CITY-ST-ZIP **METAIRIE LA 70006**

TITLE **V** ☐ DELETE
NAME **MCCOLLUM, RICHARD H**
STREET ADDRESS **1013 RIDGEFIELD DR.**
CITY-ST-ZIP **LAPLACE LA 70068**

TITLE **V** ☐ DELETE
NAME **COOK, TRAVIS L**
STREET ADDRESS **3708 HENICAN PLACE**
CITY-ST-ZIP **METAIRIE LA 70003**

TITLE **S** ☐ DELETE
NAME **MIRE, PATRICIA A**
STREET ADDRESS **1322 PATRIOT DR**
CITY-ST-ZIP **SLIDELL LA 70458**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **25 Oriole Street**
1.4 CITY-ST-ZIP **New Orleans, LA. 70124**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Edith L. Miller**
6.4 CITY-ST-ZIP **1028 Arabella Street
New Orleans, Louisiana 70115**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

Date

(504) 456-0101

Daytime Phone #

CR2E034 (11/98)

554691-90052-8
F97000002379

FLORIDA DEPARTMENT OF STATE
1999 PROFIT CORPORATION ANNUAL REPORT

FOR

FINANCIAL INSURANCE MANAGEMENT CORPORATION
2555 SEVERN AVENUE
METAIRIE, LOUISIANA 70002-5938
FEIN#72-1022066
DOCUMENT #F97000002379

ADDITIONAL CHANGES TO OFFICERS/DIRECTORS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
William A. Butler*	Vice President	209 Tchefuncte Dr. Covington, LA. 70433
Max O. Quiroga**	Vice President	12 Trepagnier Dr. Destrehan, LA. 70047

* Resigned effective 8/21/98

** Resigned effective 11/15/98

To date these positions remain vacant and we will notify your office when they are filled.