## 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 # F9800003288

1. Corporation Name

NAVISYS INSURANCE SOLUTIONS, INC.

Principal	Place	of	Вι	ıs	i	r	16	9	s	s	

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90045 025 \*\*\*150.00



ST LOUIS MO 63127-1690 ST LOUIS MO 63127-1690			TIVE							
					DO NOT WRITE IN THIS SE	PACE				
					3. Date Incorporated or Qualifed 06/10/1998					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	$\Box$	Applied For			
1600 S	. Brentwood Blvd.	26			43-0999428	1	Not Applicable			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27					5. Certificate of Status Desired	Additional Required				
City & State City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May be added to Fee					
23		28 Zin	Country		Trust Fund Contribution					
Zip 63144	Country USA	Zip 30	n '		8. This corporation owes the current year Intangible X 内ersonal Property Tax. Yes 以No					
24	9. Name and Address of Current				10. Name and Address of New Registered Ag					
	o. Italia ala Addido di Garrette		81	Name						
	CORPORATION SYSTEM		82	Ctroot /	Address (P.O. Roy Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			62	82 Street Address (P.O. Box Number is Not Acceptable)						
PLAN	ITATION FL 33324		83							
			84	City	r: I	85 Zij	p Code			
		1007 1500 51 11 01-1-1-	<u> </u>		FL	Langing i	ite registered			
office or n	edictored agent or both in the State o	t Florida. Such change was autho	orizea ov	the corbo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointr	nent as	registered			
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	nistered Age	nt signature re	equired when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12			
TITLE	С	☐ DELETE	1,1 TITLE			☐ Change	e ☐XAddition			
NAME	WINER, WARREN J		1.2 NAME		Lorna Libby Johnson	400				
STREET ADDRESS	13045 TESSON FERRY ROAD									
CITY-ST-ZIP	ST LOUIS MO 63128		1.4 CITY-S	T-ZIP	Marietta, GA 30067		· FT A delice			
TITLE	PCEO	☐ DELETE	2.1 TITLE		James R. Barnes (EV)	Change	e X∏ Addition			
NAME '	SIMONDS, E. C		2.2 NAME		4000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		i			
STREET ADDRESS				TADORESS	1600 S. Brenwtwod Blvd.					
CITY-ST-ZIP	ST LOUIS MO 63144	O pe	2.4 CITY-	ST-ZIP	St. Louis, MO 63144	Change	e* Addition			
TITLE	EV DANK D. ID	☐ DELETE	3.1 TITLE			( Change	e D'Addison			
NAME	CARTER, PAUL D JR		3.2 NAME		Carter, Paul D Jr.					
STREET ADDRESS	1600 SOUTH BRENTWOOD ST LOUIS MO 63144		3.3 STREE 3.4. CITY-5	T ADDRESS	9735 Landmark Parkway Drive					
CITY-ST-ZIP	EVID	<b>X</b> DELETE	4.5 TITLE	SI-ZIP	St. Louis, MO 63127	☐ Change	e X Addition			
NAME	KORTE, RUSSELL E	W 25	4. 2 NAME		John W. MacDonald					
STREET ADDRESS	1600 SOUTH BRENTWOOD			TADDRESS	13045 Tesson Ferry Road					
CITY-ST-ZIP	ST LOUIS MO 63144		4.4 CITY-S		St. Louis, MO 63128					
TILE	VCFO	☐ DELETE	5.1 TITLE			Chang	e 🔲 Addition			
NAME	ZIMMERMAN, MARLA P		5.2 NAME				-			
STREET ADDRESS	1600 SOUTH BRENTWOOD		5.3 STREE	TADDRESS						
CITY-ST-ZIP	ST LOUIS MO 63144		5.4 CITY-S	T-ZIP						
TITLE	S	☐ DELETE	6.1 TITLE			Chang	e 🔲 Addition (			
NAME	GLOWSKI, DANIEL T		6.2 NAME							
STREET ADDRESS				TADORESS			İ			
CITY-ST-ZIP	ST LOUIS MO 63101		6.4 CITY-S	T-ZIP						

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 approved.

SIGNATURE: \_

Paul D. Carter 4/23/99 314-525-9000

Davtime Phone #