

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90047 013 ***150.00

DOCUMENT # H04942

1. Corporation Name

UNITED STATES CASUALTY CO.

Principal Place of Business

1801 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

1801 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1984

4. FEI Number

59-2419765

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 22 NE 22nd Avenue

26 22 NE 22nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Pompano Beach, FL

27 City & State

28 Pompano Beach, FL

24 Zip

25 USA

29 Zip

30 USA

9. Name and Address of Current Registered Agent

DAVIS, WILLIAM F. III
1801 E. ATLANTIC BLVD.
POMPANO BCH. FL 33060

10. Name and Address of New Registered Agent

81 Name
WILLIAM F. DAVIS, III

82 Street Address (P.O. Box Number is Not Acceptable)
22 NE 22nd Avenue

83

84 Pompano Beach

FL

85 Zip Code

33062

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 DP ☐ DELETE

NAME DAVIS, WILLIAM F.
STREET ADDRESS 1801 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BCH. FL

TITLE VD ☐ DELETE

NAME MACEK, MARK A.
STREET ADDRESS 2700 SE 6TH ST.
CITY-ST-ZIP POMPANO BEACH FL

TITLE SD ☐ DELETE

NAME SILVERMAN, LORI A
STREET ADDRESS 2221 CYPRESS ISLAND DR
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME DAVIS, WILLIAM F.
1.3 STREET ADDRESS 22 NE 22nd Avenue
1.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062

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
6.3 STREET ADDRESS
6.4 CITY-ST-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 empowered.

SIGNATURE: Lori A. Silverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

954-784-9400

Daytime Phone #

CR2E034 (11/98)