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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

	MENT # H1654 NSURANCE OF FLORIDA,				
Principal Place		Mailing Address			1844 24841 81214 81844 81844 1921
5391 NOB HILL ROAD Sunrise Fl 33351		5391 NOB HILL ROAD SUNRISE FL 33351			
	••••	V		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
• Principal D	lana of Et minoso	Do Mailing Address		08/14/1984	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59-2445801	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
├ ┐ ' ' ' '		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curre	nt Pagistered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
150	FREY LEGGETT	ur negisteren vilent	81 Name	10. Hame and Address of Hew Registere	ou Agent
	OI NOB HILL RD				
SUNRISE FL 33351			82 Street Add	ess (P.O. Box Number is Not Acceptable)	
	111192 12 00001		83		
			84 City		85 Zip Code
			84 City	F	L 85 Zip Code
office or re	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat m familiar with, and accept the obig	e of Horida. Such ch ange was a	authorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	-				
12.	Signature, typed or punted name of registered as OLFTCFRS, An	intandati Pappleable (NOM ND DRECTORS	Registered Agent signature requi	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE	Noomono, on Maco 10 on Tocho?	Change Addition
NAME	MURPHY, JAMES		1.2 NAME		
STREET ADDRESS	5391 NOB HILL RD		1.3 STREET ADDRESS		18
CITY - ST - ZIP	SUNRISE FL		1.4 CITY - ST - ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME	LEGGETT, JEFFREY		2.2 NAME		
STREET ADDRESS	5391 NOB HILL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	DELETE	2 4 C(TY-ST-Z)P		Diana Laure
TITLE		☐ DELETE	31 THLE		Change Addition
NAME CIRCET ANDRECC			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		• *	4. 2 NAME		-
STREET ADDRESS	:		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- 2IP		
TITLE	5	☐ DELETE	5.1 Till.E		☐ Change ☐ Addition
NAME	i		5.2 NAME		
STREET ADDRESS	į		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		L_ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied a	with this filma does not qualify to	6.4 CITY-ST-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this applied towart or supplied to	lat annual conort is true and acc	urate and that my sinnatu	re shall have the same legal effect as if made	under oath: that I am an

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 propeg or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a practimal with an others.

SIGNATURE:

4-30-98

954-149-400