

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90021 043 ***150.00

DOCUMENT # H41450

1. Corporation Name

PROGRAM UNDERWRITERS VII, INC.

Principal Place of Business

136 N MOON AVENUE
STE. 220
BRANDON FL 33510
US

Mailing Address

C/O LAWRENCE J. BUTO
3700 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33066-1616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1985

4. FEI Number

59-2492476

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

9. Name and Address of Current Registered Agent

BUTO, LAWRENCE J.
3700 COCONUT CREEK PKWY
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name Zisselman, Arnold
82 Street Address (P.O. Box Number is Not Acceptable)
3700 Coconut Creek Pkwy
83
84 City Coconut Creek FL 85 Zip Code 33066

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

ARNOLD Zisselman

3/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME BUTO, DONNA M
STREET ADDRESS 4200 NW 101 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL
TITLE
NAME CST
STREET ADDRESS BUTO, FRANCES T.
CITY-ST-ZIP 4200 N.W. 101ST DR.
CORAL SPGS FL 33065
TITLE
NAME VP
STREET ADDRESS BUTO, STEPHEN
CITY-ST-ZIP 11184 LAKEVIEW DRIVE
CORAL SPGS FL 33071
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33065
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4200 N.W. 101 DRIVE
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-99 (954) 978-9880

CR2E034 (1/98)