## 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

-		# H4253; Insurance con		0)							
Principal Pla	ce of Busines	SS	Mailing Addres	SS S				I IEDIOII OID EIDIO IIUE! DHEO IIUU	fell didil didil d	OH DIGH OHD	I DIBH MUI
P.O. BOX 15		•	P.O. BOX 1570	P.O. BOX 15707 ST. PETERSBURG FL 33733 US				DO NOT WRITE IN THIS SPACE			
							Į	3. Date Incorporated or Qualified	1		
2 Principal	Place of Busin	ness	2. Maiting Add	2a, Mailing Address				02/13/1985 4. FEI Number		1 100	oplied For
21			<u> </u>	26				59-2958831		<del></del>	ot Applicable
Suite, Ap	l. #, etc.			Suite, Apt. #, etc.						\$8.75	
22			27	27				5. Certificate of Status Desired	_ 니	Fee Re	equired
City & State			City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
— Zip —¬		Country	Zip		Country	,	İ	8. This corporation owes or has	_	–	
24	- Name	25 and Address of Curren	29   1 Basistared Acest		<u>)</u>			Personal Property Tax due Ju			J No
	<del></del> -			<del></del>	81	Name		10. Name and Address of New I	registered A	Beur	
STATE INSURANCE COMMISSIONER						<u> </u>			<u> </u>		. <u></u> .
CAPITOL BUILDING						Street	Addres	ss (P.O. Box Number is Not Accept	abie)		ı
TALLAHASSEE FL											
										, <u> </u>	
						City			FL	<b>85</b> 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 hame of registered agr-	nt and title if applicable.	(NOTE: R	agistored Age	ent signature	barkuget e	when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 12
TITLE	<del>,00</del> -			DELETE	1.1 TITLE		DCP			Change	Addition
NAME		ROBERT M.			1.2 NAME						
STREET ADDRESS	1	NTRAL AVE.			1.3 STREET	ADDRESS	j				ļ
CITY-ST-ZIP	ST. PET	ERSBURG FL			1.4 CITY-S	T-ZIP					
TITLE	7 <del>00</del>		L_ I	DELETE	2.1 TITLE		D		7	Change	Addition
NAME		N, DAVID K.			2.2 NAME						
STREET ADDRESS	,	NTRAL AVE.			2.3 STREET		)				j
CITY-ST-ZIP	DT DT	ersburg fl		DELETE	2. 4 CITY - 5	ST-ZIP			<del></del>	Ohanna	Addition
TITLE		JANN COMMIC		CLEIC	3.1 TITLE				ı.	Change	L Addition
NAME OTREET ARRESTS		Mann, Edwin C. Ntral Ave.			3 2 NAME	ADDOFOO	İ				
STREET ADDRESS		ERSBURG FL			3.3 STREET 3.4. CITY - 9						-
CITY-ST-ZIP TITLE	DS	LINODONG I L	П	DELETE	4.1 TITLE	51-211	<del> </del>		T	Change	Addition
NAME	_	), G. KRISTIN	Δ.		4. 2 NAME		1		-		
STREET ADDRESS		NTRAL AVE.			4.3 STREET	ADDRESS					
CITY-ST-ZIP		ERSBURG FL			4.4 CITY-S		}	•			
TITLE	DEVP			DELETE	5.1 TITLE		<del> </del>		[	Change	Addition
NAME		ROBERT G			5.2 NAME		[			-	}
STREET ADDRESS		NTRAL AVE			5.3 STREET	address	1				
CITY-ST-ZIP		ERSBURG FL			54 CITY-S		[				ľ
TITLE	VCFO		X	ELETE	6.1 TITLE			<del></del>		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 supplied ental 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 convocation 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 challeged, or or an attactor at the naddress.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

KING, KELLY K 360 CENTRAL AVE

ST PETERSBURG FL

1/30/98

813 823-4000 x 4416

**FILED** 

Mar 04 1998 8:00am

Secretary of State