

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H64485** (6)

1. Corporation Name

FLORIDA INDEMNITY ASSURANCE CORPORATION



Principal Place of Business

**100 W.CYPRESS CREEK RD..STE.960
TRADE CENTRE SOUTH
FT.LAUDERDALE FL 33309**

Mailing Address

**100 W.CYPRESS CREEK RD..STE.960
TRADE CENTRE SOUTH
FT.LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
06/24/1985

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

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State, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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State, Apt. #, etc.

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City & State

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4. FEI Number
59-2576667

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JONES, ROBERT H.
100 W. CYPRESS CREEK ROAD
#900
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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