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

CORPORATION ANNUAL REPORT



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

1996

J12402 **DOCUMENT #** 

(0)

KAMIKAZE REINSURANCE OF FLORIDA, INC.

Principal Place of Business % JOHN P. HIGGINS

Mailing Address

SE MIND P HIGGINS



635 93 AVENUE NORTH ST. PETERSBURG FL 33702		635 93 AVENUE NORTH ST. PETERSBURG FL 33702		- n <sub>2</sub> - n <sub>2</sub> - n				
					04/28/1986		of Last Report 04/10/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-2668386	<u> </u>	A	oplied For
21		26			Trior Applicable			
Suite, Apt. #, etc.		Suite, Apt #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution			
Ζφ <b>24</b>	Country 25	25 29 30			This corporation has liability for intangible tax under s 199:032, Florida Statutes			
	9. Name and Address of Curren	nt Registered Agent	81		10. Name and Address of New R	egistered A	gent	
HIGGINS, JOHN P. 800 - 2ND AVE SOUTH, STE 380 ST. PETERSBURG FL 33701					ddress (P.O. Box Number is Not Acceptable)			
			84	Crty			<b>85</b> Zp	Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Flori , and accept the obligations of Sections agree specified the specific s	da. Such change was authoriz Lon 607.0505, Florida Statute	zed by the corp	oration's boa	ration submits this statement for the plur rd of directors. Thereby accept the apoc	intment as re	gistered a	gent. I am
12.		ID DIRECTORS	13.	r a green net neden a	ADDITIONS/CHANGES TO OFFE		IDECTOD	C INL 10
Tille	DP	DELETE	1 ' TITLE	<b></b> - <b>f</b> : <b></b> - :	ADDITIONAL OF ANGLES TO COTT			Addition
NAME	HANDEL, JOHN K.		1.2 NAME				or ang.	
STHEFT ADDRESS	635 93 AVE NORTH		1.3 STREET	ADDOCCO				
CITY - ST ZIP	ST. PETERSBURG FL		1.4 C-TY - S					
101LE	ST	☐ DELETE	2 1 T ILE	1.51			Change	Addition
NAME	HANDEL, GAIL E.	<u></u>	2.2 NAME			LJ	cria-gc	LJ Hames
STREET ADDRESS	635 93 AVE NORTH		2.3 STREET	Annesss				
C114 - S1 - Z1P	ST. PETERSBURG FL		2 4 CITY - S	l.				
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NAME		_	3 2 NAME				•	
STREET ADDRESS			3.3 STREE	ADDIRESS				
Cilir-S1-7P			3.4.0IT) - S	1 - Zif-				
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NAME			4.2 NAME				_	_
STREET ADDRESS			4.3 STREET	ADDRESS				
City-St-ZiP			4.4 CHY-S					
TILE		[] DELETE	5 t Till f				Change	Addition
NAME			5.2 NAME				-	-
STREET ADDRESS			5 3 STREET	ADDRESS				
C+Th + ST + ZIP			5.4 CITY - S	r zifi				
1 TLF		☐ DELETE	6 1 TITLE			[7]	Change	Addition
NAME			6.2 NAMF			_	•	
STREET ADDRESS			63SIFEET	ADDRESS				
CIY-SI ZIP			64 CITY - S					

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information inocated 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 undo-cath, that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change it, or or an attachment with an address.

SIGNATURE ON ELL OF SIGNING OFFICER OR DIRECTOR

3-4.96 813 576-L536