

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J12402 (0)

1. Corporation Name

KAMIKAZE REINSURANCE OF FLORIDA, INC.



Principal Place of Business

% JOHN P. HIGGINS
635 93 AVENUE NORTH
ST. PETERSBURG FL 33702

Mailing Address

% JOHN P. HIGGINS
635 93 AVENUE NORTH
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified
04/28/1986

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FET Number:
59-2668386

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

10. Name and Address of New Registered Agent

HIGGINS, JOHN P.
800 - 2ND AVE SOUTH, STE 380
ST. PETERSBURG FL 33701

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 607.0502 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 name of registered agent and that of applicant

(If title Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
HANDEL, JOHN K.
635 93 AVE NORTH
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
HANDEL, GAIL E.
635 93 AVE NORTH
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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CITY-STATE-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE *Gail E Handel*
GAIL E HANDEL

3-4-96

813 576-1536

CR2E034 (12/95)