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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

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BISCAYNE INSURANCE MANAGEMENT, INC.

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•	ce of Business	Mailing Addres							
5892 RODMAN STREET 5892 RODMAN STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023									
IIOCE.		viole vio	00 12 00020			3. Date Incorporated or Qualified 10/13/1986		of Last F 05/01/1	
2. Principal	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Π.	Applied For
21		26				59-2777237			Not Applicable
Suite Ap	t. #, etc	Suite, Apt	#, etc			5. Certificate of Status Desired		•	5 Additional
22		27							Required
City & Sta	ate	Oity & Stat	e			Election Campaign Financing Trust Fund Contribution		•	0 May Be ed to Fees
23 Zip	Country	28 Zip		Country		8. This corporation has liability for	antangibio ta		
24	25	29	3				∍ ∐No		
	g. Name and Address of Cur	rrent Registered Ager	it			10. Name and Address of New I	Registered	Agent	
				81	Name				
	PORATION INFORMATION SEF	RVICES, INC.		82	Street Addr	ress (P.O. Box Nurriber is Not Accepta	hile)		
	I HAYS STREET								
TALL	LAHASSEE FL 32301			83					
				84	City			85 2	ip Code
						ration submits this statement for the pu	FL		
SIGNATURE	Signature typical or production of responses a								
12.	QFFICERS	AND DIRECTORS		13.	1 signature require	ADDITIONS/CHANGES TO OF			
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rido nereby certify that the information indested 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 of director of the cognitation 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 Nichanged or on an attachment with an address.

SIGNATURE: