

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J38875

(7)

1. Corporation Name  
EXPRESS INSURANCE, INC.

Principal Place of Business

3056 S. STATE RD 7  
UNIT 31  
MIRAMAR FL 33023

Mailing Address

3056 S. STATE RD 7  
UNIT 31  
MIRAMAR FL 33023-5285



3. Date Incorporated or Qualified

10/20/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2731283

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

GROSS, IRWIN

~~5125 N.W. 60th St.~~

~~MIAMI FL 33100~~

11700 S.W. 60 AVE

Miami, FL 33156

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	GROSS, IRWIN	<del>5125 N.W. 60th St.</del> 11700 S.W. 60 AVE	<del>MIAMI FL</del> Miami, FL 33156
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do 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 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 or director of the corporation 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 changed, or on an attachment with an address

SIGNATURE:

*Irwin Gross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 305-591-0090  
Date Daytime Phone #

CR2E034 (9/96)