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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38875

(7)

Mailing Address

EXPRESS INSURANCE, INC.

FILED Apr 17 1997 8:00am Secretary of State



SUBIT 31 Miramar FL 33023		•	SUBS S. STATE HU 7 UNIT 31 MIRAMAR FL 33023-5285				
					 Date Incorporated or Qualified 10/20/1986 	3a. Date of Last I 05/01/1996	Report
2. Principal Place of Business 21 Suite, Apt. #, etc.			2s. Mailing Address 26		4. FEI Number	1	pplied For
					59-2731283		ot Applicable
		27			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State 3		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for i		s. 199.032,
4	25	29	30			Yes No	····,
		rrent Registered Agent		31 Name	10. Name and Address of New Re	gistered Agent	
GROSS, IRWI	Y //20	n cul bo		Name			
5128-11.W. 601	NO M	0 S.W. 60 AM, E/	700	32 Street Add	fress (P.O. Box Number is Not Acceptab	le)	
Mi am Fl=83 #	7///	am, E	33116	33			
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			ļ _i	34 City		85 Zip	Code
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office or registered a agent. I am familiar v	igent, or both, in the S	State of Florida. Such char obligations of, Section 607.	nge was authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	of the appointment as	s registered
SIGNATURE Signature type	dioxiposted name of registero	of agent and title if applicable.	(NOTE: Registered	Agent signature requ	vired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
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i. I do necess 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Invid Gross

17/97 305-591-009