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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J38
1. Corporation Name
EXPRESS INSURANCE INC.

FILED
Mar 20 1998 8:00am
Secretary of State

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GROSS, IRWIN 11700 SW 60 AVE MIAMI FL 33156 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 64 City FL 85 Zip Code 65 City FL 85 Zip Code 66 City FL 85 Zip Code 67 City FL 85 Zip Code 67 City FL 85 Zip Code 68 City FL 86 Zip Code 68 Zip Code 69 Zip Code 69 Zip Code 60	24		25		29 30						-	· · · · · · · · · · · · · · · · · · ·			_	
11700 SW 60 AVE MIAMI FL 33156 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL 65 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statules, the above-named corporation automits this statement for the purpose of changing its register agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as register agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as register agent. In familiar with, and accept the obligations of Section 607.0505. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I have corporated agent and use a spricated. IGNATURE Signature. Spring or privated name of large section 607.0505. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as register agent. ITILE DP		g, Name	and Address	of Current F	registered	Agent					10.	Name and Address of New R	egistere	d Agent		
MIAMI FL 33156 83								81	1	Name						
The content of the promisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register algent, and both in this State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as register algent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typed or primed name of registered agent and stord in probability. (NOTE Registered Agent signature tregular) when reflorating DATE								82	5	Street Addres	ss (P	P.O. Box Number is Not Accepte	ble)			
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 register of significant 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, are millentian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	interior in the contract of th	IAMI I C 00 I	30					83								
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes agent a provision of Sections 607,0505. Florida Statutes agent a provision of Section 607,0505. Florida Statutes agent a provision of Section 607,0505. Florida Statutes agent a provision of Section 607,0505. Florida Statutes agent and stock agent and stock agent and stock agent and stock agent								84	(City				85	Zip (Code
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14. I berefy 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	14. I hereby o	certify that the	information	supplied with	this filing o	does not qualify	for the	exemp	tion	stated in Se	ection	n 119.07(3)(i), Florida Statutes.	further (pertify the	it 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 at 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.	indicated officer or	on this annu director of th	al report or su e corporation	upplemental a or the receive	nnual repo er or truste	ort is true and ac e empowered to	ccurate o execu	and the	at n rep	ny signature ort as require	shal ed b	Il have the same legal effect as by Chapter 607, Florida Statutes	f made u and that	inder oatl I my nam	h; tha e app	t I am an ears in