FILED Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J38875

EXPRES	S INSURANCE, INC.											
Principal Place	e of Business	Mailing Address				}	I BEINE OLD BEINE	10161 181H 18	BOH BANI DIQUE	BLOH BIDII GIBLE D	IBIL BIBIL IUBI	
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MIRAMAR FL 33023 MIRAMAR FL 33023				DO NOT WRITE IN THIS : 3. Date incorporated or Qualifed					3 SPACE		1	
						10/20		Qualifeu				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Nur	nber			Ap	plied For	1
21		26				59-27	31283			No	t Applicable]
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22		27				5. Ceruica	ile Oi Status	Desired		Fee Re	quired	
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23		28				Trust F	und Contribu	tion		Added t	o Fees	-
Zip	Country	Zip	Cou	ntry			rporation ow		ent year Ir			
24	[25]		10				al Property T			L Yes	□No	┨
	9. Name and Address of Current	Registered Agent		81 Name		10. Name a	and Address	of New I	(egisterec	Agent		1
GRO	SS IRWIN	- 10 3		81 Name								
GROSS, IRWIN 1-1700 SW 60 AVE 2 757 G MIAMI FL-33156 Weston		Hale KUN DA	 7	82 Street	t Address (P.O. Box Number is Not Acceptable)							
MAN	HFL 33156. Weston), F(3332,	/	83			·			•		1
		•		84 City						85 Zip (`ode	┨
				84 City					Fl	_ 65 210 (200 0	
office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent or	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized da Stati	by the corp	oration's	board of d	irectors. I he	reby acce	ot the appo	pintment as re	gistered	
12.	OFFICERS AND		13.	Again signature	required in		NS/CHANG	S TO OF		ND DIRECTO	RS IN 12	13
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NAME			6.2 N/	ME								1

14. I 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 reports 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 trusted 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-424-7933