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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

DIVISION OF CORPORATIONS

1996

J54366 DOCUMENT #

(6)

Corporation Name

| INTERNATIONAL | INSURANCE & | . INVESTMENTS. | INC. |
|---------------|-------------|----------------|------|

| | | · | | | |
|---|--|--|--|---|------------------------------------|
| Principal Place of Business 166681 MCGREFOR BLVD SUITE 306 FT MYERS FL 33908 US | | Mailing Address PO BOX 07100 6700 WINKLER RD. STE 1 FT MYERS FL 33908 US | | Date Incorporated or Qualified 3a. Date of Last Report 01/13/1995 3a. Date of Last Report 01/13/1995 3a. Date of Last Report 01/13/1995 3a. Date of Last Report 3a. Date of Last Re | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FET Number | Applied For |
| 1] | | 26 PD BOX | 7100 | 59-2700393 | Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | 4 204 1 CGNEGON. BLUD | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 3 | | 28 FT MYE | | Trust Fund Contribution | Added to Fees |
| Ζφ [a] | Country 25 | 29 TO 3790Y | Country 200 | 8. This corporation has liability for Florida Statutes Yes | intangible tax under s=199.032, |
| 4 | 9. Name and Address of Currer | | 130 | 10. Name and Address of New R | |
| 6700 WI SUITE 1 FT MYE | RS FL 33919 to the provisions of Sections 607,0503 | da. Such change was authoriz | 83 84 City F7 es, the above named corpored by the corporation's boar | ess (P.O. Box Number is Not Accepted NYGU ration submits this statement for the pured of directors. Thereby accept the app | FL 85 Zip Code 9 |
| SIGNATURE | Styriature: typed or probed hame of registered agen- | Land the if applicable (NO | DTE "Energistered Agent's greature resource | d when temphologic | DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| TI'LF | PD POPERT | ☐ DELETE | 1 TITLE | | Change Addition |
| NAME | SHAMBERGER, ROBERT L. 16681 MCGREGOR BLVD | | 1.2 NAME | | |
| STHEE! ACORESS | FT MYERS FL | | 1.3 STREET ADDRESS | | |
| CITY-ST-7IP | | DOUL! | 1.4 CHY - \$1 - ZiP | | Change D Addition |
| TITLE | LEPERA, JAMES L | DEFETE | 2 1 TILLE | | Change Addition |
| NAME | 16681 MCGREGOR BLVD | | 2 2 NAME | | |
| STREET ADDRESS | FT MYERS FL | | 2 3 STREET ADDRESS | | |
| CHY-SI-ZIP TUGE | <u> </u> | ☐ DELETE | 2 4 CITY - ST - ZIF 3 1 T:TLE | • | Change Addition |
| NAME | | L. 3 | 3.2 NAME | | <u> </u> |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| City-St-70P | | | 3 4 C TY - ST - Z P | | |
| TITLE | | ☐ DELETE | 4 1 TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | |
| CHY-ST ZIP | | | 4.4 CITY - ST - 7IP | | |
| TITLE | | DELETE | 5 1 TITLE | | Change Addit on |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIF | | PRI BZ. FEZ | 54 CHY+ST+ZIP | | Character III Addition |
| THILF | | DELFTE | 6 1 1111.F | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | j |
| C-TY-ST-Z-P | the god is that the information or a find | with this films is voluntarily for | oiched and does not qualify t | for the exemption stated in Section 119 | 07(3)(k) Florida Statutos Hurther |
| certify that oath; that | at the information indicated on this ann | ual report or supplemental and pration or the receiver or truste | nual report is true and accura se empowered to execute th | ate and that my signature shall have the is report as required by Chapter 607, Ft | same legal effect as if made under |

SIGNATURE: BOB SHAMPE TEN EN TO SERVING OFFICER OR DIRECTOR

April 6 1886 941-489-4900

CR2E034 (12/95)