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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K06217

(9)

FILED May 15 1998 8:00am Secretary of State

| INTERN | NATIONAL UNDERWRITER | S INC. | | 1 (#3)@k+ #1) | ali dian dedilarah dian dedilarah | |
|--|--|--|-----------------------------------|--|---------------------------------------|--|
| | | | | | | |
| Principal Plac | e of Business | Mailing Address | | I LOBERTIN MAI MONTH MITTER THANK THOSE THOSE AND STATES | DAT BANKS NEGSA DANAN DANK MARKE KANA | |
| 3700 COCONUT CREEK PARKWAY 3700 COCONUT | | | | | | |
| | REEK FL 33066-1616 | CREEK PKWY | 00000 | DO NOT WRITE IN | DO NOT WRITE IN THIS SPACE | |
| US | | COCONUT CREEK FL 33066 US | | 3. Date Incorporated or Qualified | | |
| | | •• | | 12/09/1987 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 65-0039406 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional | |
| | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Added to Fees | |
| Zip | Country | Z(p | Country | 8. This corporation owes or has paid to | ' ' | |
| 24 | 25 9. Name and Address of Curr | 29 29 29 29 29 29 29 29 29 29 29 29 29 2 | 30 | Personal Property Tax due June 30 10. Name and Address of New Regis | | |
| 01 1 | | | | | | |
| BUTO, LAWRENCE J. | | | | 7 (<<0.1M A-1) H7CNUL | D | |
| 1 "NO SUITE" B2 St | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | - TARKWAY | |
| | ICONUT CREEK FL 33066 | | 83 | 3/01/00/00/00/00/00/00/00/00/00/00/00/00/ | 1111111111 | |
| | CONTROL CITEDITO | | <u> </u> | | | |
| Ī | | | 84 City (| Socount Creek | FL 85 Zip Code | |
| 11. Pursuant to the provision of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose | | | | | pose of changing its registered | |
| 11. Pursuant to the provisions of 94 nors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered rigery by using 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 applications of Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | BENCIO ZUSEIN | 2 4 40 | U) | 29 /AP | |
| SIGNATURE | Signature, pried or printed rups, investment a | ngest and the Tappicable (A | NOTE Registered Agent signature | required when reinstating) | DATE | |
| 12. | | IND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICER | | |
| TITLE | CBP | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | BUTO, LAWRENCE J. | | 1.2 NAME | BUTO DONNA M. 4200 N.W. 101 Deive | [3 | |
| STREET ADDRESS | 4200 NW 101ST DR. | | | 4200 N.W.101 2012 | الم مريد الأ | |
| CITY-ST-ZIP | CORAL SPRINGS FL | DELETE | 1.4 CITY - \$1 - ZIP | | 33065 | |
| TALE | BUTO, FRANCES T. | L DELETE | 2.1 TITLE | CST | Change | |
| NAME | 4200 NW 101ST DR. | | 2 2 NAME | | İ | |
| STREET ADORESS | CORAL SPRINGS FL | | 2.3 STREET ADDRESS | 2 > 10 | | |
| CITY-ST-ZIP TITLE | CONAL OFNINGS FL | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | 33065 | Change X Addition | |
| NAME | | _ octile | | Burn Stalled | El cuardo Marioni | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 11184 LAND VIEW DEIVE | İ | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | BUTO STEPHEN 11184 LANGE VIEW DEIVE CORD/SPRINGS, PL 2307 | 1 | |
| TITLE | | DELETE | 4.1 TITLE | and charled in | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- ST- ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

Thereby cortify 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 suppliemental 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 evanged, or on an attachment with an address.