FILED

Mar 29, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K06217

 Corporation 	n Name				1				
INTERNATIONAL UNDERWRITERS INC.					ł				
									AFI BIBII JBBF
Principal Place	of Business	Mailing Address				i idalalis en sens suns mes			 4.4
3700 COCONUT CREEK PARKWAY 3700 COCONUT									
COCONUT CREEK FL 33066-1616 CREEK PKWY						DO NOT WRITE IN THIS SPACE			
US COCONUT CREEK FL 33066						3. Date Incorporated or Qualifed			
		00				12/09/1987	_		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21 .	acc of Business	26				65-0039406		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certifcate of Status Desired	Π	\$8.75 Ac	
22		27				5. Certificate of Status Desired		Fee Req	luired
City & State	е	City & State				6. Election Campaign Financing	g 🗆	\$5.00 N	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the cu	irrent year Inta		
24	25	29 3	0]			Personal Property Tax.	. Di-t		□No
	9. Name and Address of Curren	t Registered Agent	8	1 Name		10. Name and Address of New	Registered /	4gent	
7155	ELMAN, ARNOLD		ľ						
3700 COCONUT CREEK PARKWAY			8:	2 Street	Address	(P.O. Box Number is Not Accept	otable)		
"NO SUITE"			8:	1					
COCONUT CREEK FL 33066			"	1 .					
			84	4 City			FI	85 Zip Ci	ode
44 Bussuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abor	ve-named	comora	tion submits this statement for th	ne purpose of	 changing its r	egistered
office or r	egistered agent, or both, in the State.	of Florida. Such change was auti	norizea b	v tne corb	oration's	s board of directors. I hereby acc	ept the appoir	ntment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statute	·S.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Ag	ent signature r	required w	nen reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	Р	☐ DELETE	1,1 TITLE					Change	Addition
NAME	BUTO, DONNA M		1.2 NAME	12 NAME			DRIVE	رُا	
STREET ADDRESS	1_00 1011 10101 011		1.3 STRE	ET ADDRESS		200 N.W. 101	2000	_	
CITY-ST-ZIP			1.4 CITY-	\$T-ZIP	33	<u>، 065</u>			
TITLE	CST □ DELETE 2.		2.1 TITLE					Change	☐ Addition
NAME	BUTO, FRANCES T.		2.2 NAME	į	1.1.		PIVE	,	
STREET ADDRESS	4200 NW 101ST DR.		2.3 STRE	ET ADDRESS	42	00 N.W. 101 P	MVE		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY		1.//		·	- 5d ch	
TITLE	V	☐ DELETE	3.1 TITLE		Vr			Change	Addition
NAME	BUTO, STEPHEN		3.2 NAME						
STREET ADDRESS	11184 LAKEVIEW DRIVE			ET ADDRESS	1 .				
CITY-ST-ZIP	CORAL SPGS FL 33071	□ BE(ETE	3.4. CITY					Change	Addition
TITLE		☐ DELETE	4.1 TITLE					- Anguige	- Addition
NAME			4, 2 NAM						
STREET ADDRESS				ET ADDRESS	1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		ļ			Change	Addition
TITLE			5.1 IIILE 5.2 NAME						
NAME				- ET ADDRESS					
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP		DELETÉ	6.1 TITLE		1			Change	Addition
NAME			6.2 NAME					_ "	

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 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP