


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

03/798Z

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90052 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K07241

1. Corporation Name
~~SERVICE INSURANCE EXCHANGE, INC.~~
Bauer + Associates, Inc.



Principal Place of Business 14427 SEVENTH STREET DADE CITY FL 33523-3126 US	Mailing Address 14427 SEVENTH STREET DADE CITY FL 33523 33523-3126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 33523-3126 30	3. Date incorporated or Qualified 12/15/1987	4. FEI Number 59-2866536	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 -Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GREENFELDER, GLEN E.
14217 THIRD STREET
DADE CITY FL 33523

10. Name and Address of New Registered Agent

81 Name **Sandra M. Bauer**
 82 Street Address (P.O. Box Number is Not Acceptable)
14427 Seventh Street
 83
 84 City **Dade City** **FL** 85 Zip Code **33523**

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 registered office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sandra M. Bauer **SANDRA M. BAUER** **2-1-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	GREENFELDER, GLEN E.
STREET ADDRESS	14217 THIRD ST
CITY-ST-ZIP	DADE CITY FL
TITLE	DPST <input type="checkbox"/> DELETE
NAME	BAUER, SANDRA M.
STREET ADDRESS	14427 SEVENTH ST
CITY-ST-ZIP	DADE CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DPVST
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Dade City, Florida 33523
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Sandra M. Bauer **SANDRA M. BAUER** **2-1-99** **(352) 567-3702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)