PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90025 033 \*\*\*158.75

DOCUMENT #  1. Corporation Name	K42684
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INSURANCE MANAGEMENT INTERNATIONAL, INC.

	TOE HE CONSTRUCTION HOUSE										
Principal Place	e of Business	M	alling Address				I INTIBITE BUT BYBIG WAYS ALVER	70171 0101 01011 01			
1208 WEST NE	WPORT CIRCLE	12	18 WEST NEWPORT CIRC	CLE							
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DEERFIELD BEA	ACH FL 33442	DE	erfield beach fl 3344	l2	î		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
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			14-15- Add				1/01/1988 El Number		An	plied For	1
2. Principal Pl	ace of Business	Н.	Mailing Address			1			L	Applicable	1
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Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.			5. C	ertificate of Status Desired		Fee.Re		l
22		. 27].	City & State		<u> </u>		ection Campaign Financing	<u> </u>	\$5.00		-
City & State	В	20	Oily & State				rust Fund Contribution		Added t	•	}
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Zip		29	· ·	30]			ersonal Property Tax.	aron you wa	Yes	□No	1
24	9. Name and Address of Current			341		10. N	ame and Address of New	Registered /	Agent		]
	9. Haine and Address of Contain	rogia	Diod Apolic		81 Name		1 1 7 0.1				}
GRAI	NET. LLOYD							ENET!			
	TOWN CENTER CIR. STE 301				82 Street	Address (P.O	Box Number is Not Accep	CIRCLE	<u>م</u>		l
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11. Pursuant	to the provisions of Sections 607 0002 egistered agent, or both, in the State of he familiar with and accept the obliget	and 6	Such change was a	ithorize	above-named ed by the corp	poration's boar	d of directors. I hereby acc	ept the appoir	ntment as rec	istered	ı
agent. I al	h familiar with and accept the obligat	ons of	Section 607.0505, Flor	ica Sta	tutes.			2/1/	199		ı
SIGNATURE	7	_						DATE	101_		١,
	Signature, hand or printed no file of positioned agent		<del></del>	Kagistare 13		required when reins	DITIONS/CHANGES TO C		D DIF.ECTO	RS IN 12	٤٠ ا
12.		DIRE	DELETE	_	TITLE	Secre			Change	Addition	13
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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 cath; 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:

LOUISIAN TOP AND TOP PRINTED MANE OF PRINTED OF PICE OF DIRECTOR

A19/99

(954) 421-4076