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41

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K52287 (5)
1. Corporation Name
FLORIDA NO-FAULT INSURANCE AGENCY, INC.



Principal Place of Business
1000 S. DALE MABRY
1810
TAMPA FL 33629
US

Mailing Address
1000 S. DALE MABRY
1810
TAMPA FL 33629-5005
US

3. Date Incorporated or Qualified 12/19/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 2755 N.W. 63rd Ct
2a. Mailing Address
26 2755 N.W. 63rd Ct

4. FEI Number 36-3649100
Applied For Not Applicable

Suite, Apt. #, etc.
22
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Ft. Lauderdale
28 Ft. Lauderdale

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33304 25
29 33309 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MACKAY, JOHN W ESQ.
201 SOUTH WESTLAND AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name Roger G. Wolf
82 Street Address (P.O. Box Number (if not applicable)) 2755 N.W. 63rd Ct
83
84 City Ft. Lauderdale FL 85 33309

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 *Roger G. Wolf* DATE 6/26/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	WOLF, ROGER G.
STREET ADDRESS	5559 N. ELSTON AVE
CITY-ST-ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002227491--3
1.3 STREET ADDRESS	-07/01/97--01037--006
1.4 CITY-ST-ZIP	****495.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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 its 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, if an address.

CR2E034 (9/96)

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ILLINOIS VEHICLE INSURANCE AGENCY, INC.

June 26, 1997

To: Florida Secretary of State

From: Jerry Januszewski

Re: Corporation Annual Report

Please be advised that our Tampa mailing address office was destroyed by fire and the enclosed three reports have just been rediscovered and forwarded to my attention. I ask that you change your records to the new address on the forms and accept the enclosed check in the amount of \$495.00. In light of this extraordinary circumstance and our past prompt payments, I respectfully request no further assessments or actions against our three corporations.