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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K59575

(6)

ADMIRAL NO-FAULT INSURANCE, INC.

FILED
Mar 26 1997 8:00am
Secretary of State

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•		Mailing Address 1608 Kanner Hwy Stu P.O. Box 1096 PT. Salerno Fl 34992-			3. Date Incorporated or Qualified 01/19/1989	3a. Da	te of Last I	
2. Principal F	hace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0125760		·	ot Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional lequired
City & Stat	to	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zıp ₁	Country	Zip	Country		8. This corporation has liability for			в. 199.032
24	25	29	30				No	
	9. Name and Address of C	urrent Hegistered Agent	81		10. Name and Address of New Ro	gistered /	lgent	
	LY, FRANK P., III		61	Name				
	I4 FAIRWAY E		82	Street Add	fress (P.O. Box Number is Not Accepta	ble)	<del></del>	
SIL	JART FL 34997		83			<del></del>		
			63					
			84	City			85 Zip	Code
					poration submits this statement for the	FL		
SIGNATURE	Stipleture Type Localities of number of register	red agent and the if applicable (NC	DIE: Registered Ane	ent signature requi	uired when roostation)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	Stipueture Typical or predest manic of register OFFICE R	S AND DIRECTORS	13.	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
<b>12.</b> TIME	OFFICER:		13. 1.1 TITLE	ent signature requ			DIRECTO  Change	
12. THE NAME	OFFICER:  D DALY, FRANK P. III	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. THE NAME SHELL ALDHESS	D DALY, FRANK P. III 4144 SE FAIRWAY E	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				
12. TIRE NAME STEEL LABORESS CITY SE VE	OFFICER:  D DALY, FRANK P. III	S AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	ADDRESS			☐ Change	Addition
12. TIRE NAME STELL ALDERSS CITY SEZEN	D DALY, FRANK P. III 4144 SE FAIRWAY E	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS				Addition
12. TIDE NAME SERVE ALORISS CITY SE ZIP TITE NAME	D DALY, FRANK P. III 4144 SE FAIRWAY E	S AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZiP			☐ Change	RS IN 12 Addition
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THAT NAME SHELL FALORISS CITY SE-ZIP TITT NAME STREET RODE: SE- CITY S. ZIP TITT THAT STREET ALORISS	D DALY, FRANK P. III 4144 SE FAIRWAY E	S AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T. ZIP  ADDRESS ST. ZIP  ADDRESS			☐ Change	Addition
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To refer of years, that the mornal in supplies with this lining does not quality for the exemption stated in section 1.19 of (3x), Florida Statutes. Floring certify that the information indicasted 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 Lam 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 phanged, or an attachment with an address.

SIGNATURE:

3.3.97 (561) 283.7180