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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K60012

60012 (7)

FLORIDA INSURANCE ADVISERS, INC.

FILED Feb 27 1997 8:00am Secretary of State

runuşar race i	G DUSINGSS	Maning Address			•				
4 EAST ATLANTIC AVE DELRAY BEACH FL 33444 US		8 PO BOX 1096 PT. SALERNO FL 34982-1096 US		3. Date Incorporated or Qualified	3a. Date		eport		
a minainilos	or of Dunning	2a. Mailing Address			01/20/1989 4. FEI Number	04/29		- Ead Car	
2. Principal Pial	CE OF BUSINESS THE SWINTON AVE	26. Walling Address			NOT APPLICABLE			oplied For ot Applicable	
Suite, Apt. #,	etc	Suite. Apt. #, etc.						Additional	
22		27			5. Certificate of Status Desired		Fee Re		
C . O C		C' P Conta			6. Election Campaign Financing		\$5.00	May Re	
23 DELR	AY BEACH, FL	28			Trust Fund Contribution		Added t		
<sup>Zip</sup> 3344	14 BENCH, FL 14 25 PALMBERCH	Zір <b>29</b>	Country 30	·		Yes 🗌	No	. 199.032,	
	9. Name and Address of Current F	Registered Agent		r	10. Name and Address of New Reg	istered Ag	ent		
	III, FRANK P.		81	Name					
4144 FAIRWAY E				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
STUA	RT FL 34997		83						
			63						
			84	City		FL	<b>85</b> Zip (	Code	
 	William Company of the Company of th	J 607 44 60 Florida Cha	Lutaa dha shaw		constitution as the its thin state and for the same	FL.	nacina it	la sopintared	
office or res	istero Lagent, or both, in the State of	Florida. Such change wa	s authorized by	the corpora	poration submits this statement for the plation's board of directors. I hereby accep	t the appoin	tment as	registered	
agent len		ons of, Section 607.0505,	Florida Statute	Ŝ.	<b>2</b>	23.9	2 <b>2</b>		
SIGNATURE	Isour I Wake O grate of the confidence of agent a	(N)	OTE: Flore shared Are	net elanoturo soa	uired when reinstating)	DATE			
12.	OFFICERS AND I		13.	sat signature response	ADDITIONS/CHANGES TO OFFIC		IRECTOF	IS IN 12	
Tille	D	DELETE	1 1 THTLE				Change	Addition	
	DALY, FRANK P. III		1 2 NAME						
	4144 SE FAIRWAY E.		1 3 STREET	ADDRESS					
	STUART FL		1.4 CITY - S	ì					
TIFLE	717171111 <u>7</u>	DELETE	21 TITLE				Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CHY-S1-ZIF			2. 4 CITY -	ST-ZIP					
101 E		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
STEEL FACORESS			3.3 STREET	ADDRESS					
C05x+S1-Z02			3 4. CITY-	ST-ZIP					
TUTE		DELETE	4.1 THLE				Change	Addition	
NAME			4. 2 NAME						
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COTY ST-ZIP			4.4 CITY-5	ST-ZIP			<b></b>		
1005		DELFTE	5 1 TITLE				Change	Addition	
NAM:			5.2 NAME		i.				
STREET ADDRESS			5.3 STREET	ADDRESS	•				
CHY+\$1-ZF			5.4 CiTY - 8	ST-ZIP			<del></del>		
THILE		DELETE	6 1 TITLE			[	] Change	Addition	
NAME			62 NAME						
STREET AUDRES'S			6 3 STREE	T ADDRESS					
COY ST 7e2			6.4 CITY - 1	ST-ZIP		····			

14. I do hereby certify that the information supplied with this filling 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 off cer or director of the disportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.97 (4/1)283.7180

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