

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90059 036 ***150.00

DOCUMENT # K60012

1. Corporation Name

FLORIDA INSURANCE ADVISERS, INC.



Principal Place of Business
5 S SWINTON AVE
DELRAY BEACH FL 33444
US

Mailing Address

P.O. BOX 180535
CASSELBERRY FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3547 SW Coral Tree
Ln

2a. Mailing Address

26 P.O. Box 1870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Palm City FL

Zip Country

24 34990

25 martin

27 City & State

28 Palm City FL

Zip Country

29 34991

30 martin

9. Name and Address of Current Registered Agent

VICKERY, MARK A.
305 SPRING LAKE HILLS DRIVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Frank Daly

82 Street Address (P.O. Box Number is Not Acceptable)

3547 SW Coral Tree Ln

83

84 City

Palm City

FL

85 Zip Code

34990

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 607.0508, Florida Statutes.

SIGNATURE FRANK DALY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME VICKERY, MARK A
STREET ADDRESS 305 SPRING LAKE HILLS DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Frank Daly
1.3 STREET ADDRESS 3547 SW Coral Tree
1.4 CITY-ST-ZIP Palm City FL 34990

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: FRANK DALY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/99 Daytime Phone # 861 283 7180