CO	E NOW: FILING FEI PROFIT RPORATION UAL REPORT 1996	FLORIDA DEP/ Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FILE Apr 05 199 Secretary	6 8:00 am
1. Corporation BISC	CAYNE INSURANCE COMP	ANY			
15175 EA STE 103 MIAMI LA US	e of Business GLE NEST LANE KES FL 33014	Mailing Address 15175 EAGLE NEST STE 103 MIAMI LAKES FL 330 US		3. Date Incorporated or Qualified 03/13/1989	3e. Date of Last Report 05/11/1995
2. Principal F	Place of Business	2a. Mailing Address		4, FETNumber 65-0100783	Applied For Not Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.	·····		\$8.75 Additional
22 City & Sta 23	te	27 City & State 28		6. Election Campaign Financing	Fee Required \$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30 •	8. This corporation has liability for int Florida Statutes [7] Yes	
24	9. Name and Address of Curr	29 ent Registered Agent		10. Name and Address of New Reg	
11. Pursuant or registe	ered agont, or both, in the State of Flo vith, and accept the obligations of, Se	rida. Such change was authoriz ction 607.0505, Florida Statutes	ed by the corporation's board	ation submits this statement for the purpo d of directors. I hereby accept the appoin	itment as registered agent. I am
12.	Signature typed or printed name of registered age OFFICERS A	nt and ble if applicable (NC ND DIRECTORS	*E. Rogislerari Agentisignatoric miquina i 13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE NAME	DTS Siedlecki, Robert J.	DELFTE	1 1 TITLE 1 2 NAME		ERS AND DIRECTORS IN 12
STREET ADDRESS	4605 S OCEAN BLVD BOCA RATON FL		1.3 STREFT ADDRESS		E E
CITY-ST-ZiP T-TLE NAME STREFT ADDRESS	DP DAVIS, JOHN P 14820 MIAMI LAKEWAY S	Delete	1 4 CHY-ST-7/P 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		Change C Addition
C(TY-ST-Z)P T:TLE NAME STREET ADDRESS	MIAMI LAKES FL D SIEDLECKI, CYNTHIA H. 4605 S OCEAN BLVD	<u>ה</u> מנוגוג	2.4 Cr1Y-S1-ZIP 3.1 T-ILE 3.2 NAME 3.3. STREET ADDRESS		Change 🚺 Addition
CITY - ST - 7IP TITLE NAME	Boca Raton FL D Siedlecki, John S	DELEIE	3.4 CHY+ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIF TITLE NAME	19 S MONROE ST BEVERLY HILLS FL	DEL ETE	4.3 STREET ADORESS 4.4 CITY-S1-ZIP 5.1 TULE 5.2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME		DELETE	5 3 STREET ADDRESS 5 4 CH Y- ST- ZIP 6 1 THLE 6 2 NAME	·····	Change Addition
STREET ADDRESS CITY - S7 - ZIP 14. I do here certify that oath; that	by certify that the information supplied at the information indicated on this an U am an officer or director of the corr	J with this filing is voluntarily furn any report or supplementer ann	6.3 STREEF ADDRESS 6.4 City-St-ZiP ished and does not qualify fo ual report is true and accurate empowered to execute this	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Florid	(3)(k), Florida Statutes. I further ime legal effect as if made under da Statutes: and that my papie
appears		On an all priment with an addr		£ 4/2/96	8-28-4560