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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 08, 1999 8:00 am Secretary of State 05-08-1999 90026 007 \*\*\*150.00

## DOCUMENT # KOAO16

Principal Place	R INSURANCE NETWORK, IN a of Business TTNER AVENUE. SUITE 400	Mailing Address P.O. BOX 11629 5999 CENTRAL AVENUE. SUI' ST. PETERSBURG FL 33733 US	FE 400		DO NOT WRITE IN  3. Date Incorporated or Qualifed  06/01/1989		
Principal Place of Business 2a. Mailing Address 26				4. FEI Number 59-2950669		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be ed to Fees
Zip	Country 25	28   Zip   3	Country	,	This corporation owes the current your Personal Property Tax.		No
~;	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regis		
	9. Name and Address of Current	Registered Agent	81	Name	10. Nome and Address of Non-		
	INER, TED P D CENTRAL AVENUE, SUITE 400		82		ress (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33710		83		<u></u>	·	
			84	City		FL 85 Z	Zip Code
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agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	a Statutes	s. nt signature required	d when reinstating) D/	ATE	
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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.