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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(9)

Proposition STRELSER Proposition State Proposition			RUST INSURANCE					<u></u>						
27	P. O. BOX 86503 P. O. BOX 86503													
Suite, Apt.									3.	Date Incorporate 09/01/19	ed or Qualified 89	3a. Date	of Last Re 04/11/1	995
Suite, Apr. 4, etc. 27 28 32 32 32 32 32 32 32		ace of Busin	ess					4.	FEI Number 59-2966	3476			· ·	
City & State 23 25 29 29 20 20 20 20 20	Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Sta	itus Desired		\$8.75	Additional	
		9						6.	Election Campai	gn Financing			<u>'-</u>	
STRELSER, RHODA Size Management Street Address of Current Registered Agent Size Street Address of New Registered Agent Size Size Size Address Size													Added	d to Fees
STRELSER, RHODA 512 WEST BAY DR LARGO FL 34840 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 againt, or both, in the State of Florida. Such change was submoved by the corporation's board of directors. I hereby accept the appointment as registered againt, or both, in the State of Florida. Such change was submoved by the corporation's board of directors. I hereby accept the appointment as registered againt, or both, in the State of Florida. Such change was submoved by the corporation's board of directors. I hereby accept the appointment as registered againt. I am family and the submit and except the origination of 67,0050, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS STRELSER, RHODA 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NME STRELSER, RHODA 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LARGO FL LARGO FL LARGO FL Changi Addition MAME 10. DELETE 2. Intit 2. Intit 2. Intit 2. Intit 2. Intit 3. SIRREL ADDRESS CITY-51-2P INTIT DELETE 3. SIRREL ADDRESS CITY-51-2P INTIT DELETE 4. Intit 4. NME			₁	├ ── `					8.				ax under s	199.032,
STRELSER, RHODA 512 WEST BAY DR LARGO FL 34640 11. Fursuant 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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the 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 submits this statement for the purpose of changing its registered office or short of directors. I hereby accept the appointment as registered adject. I am statement of the purpose of changing its registered office or short of directors. I hereby accept the appointment as registered adject. I am statement of the purpose of changing its registered office or short of directors. I hereby accept the appointment as registered adject. I am statement of the purpose of changing and the purpose of chan	24								10.				Agent	
S12 WEST BAY DR LARGO FL 34640 84 City FL 85 Zip Code 11. Furzusant to the provisions of Septions 607 0502 and 607 1508, Florids Statutes, the above named corporation submits this statement for the purpose of charge a fix eightered office or registered agent or both, in the State of Florids. Sub-change was authorized by the corporation's board of directors. I hereby accept the eligibline as registered agent. I am submits the statement for the purpose of charge agent of fixed from the registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge of the epidenthem as registered agent. I am submits the statement for the purpose of charge in the epidenthem as registered agent. I am submits the statement for the purpose of charge in the epidenthem as registered agent. I am submits the statement for the purpose of charge in the epidenthem as registered agent. I am submits the statement for the purpose of charge in the epidenthem as registered agent. I am submits the application of the epidenthem as registered agent. I am submits the application of the epidenthem as registered agent. I am submits the application of the epidenthem as registered agent. I am submits the application of the epidenthem as registered agent. I am submits the application of the epidenthem as registered agent. I	 						81	Name				-		
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11. Fustuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation's submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am similar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature System of Sections 607.0505, Florida Statutes. 6/07E Registered Agent of precions. I hereby accept the appointment as registered agent. I am similar with, and accept the obligations of, Section 607.0505, Florida Statutes. 6/07E Registered Agent of precions. 6/07E Registered Agent of precions. 6/07E Registered Agent of precions. 6/07E Registered Agent of purposes of the obligations of, Section 607.0505, Florida Statutes. 6/07E Registered Agent of precions. 6/07E Registered Agent of precions							84	City				FI	85 Zip	Code
12.	or register familiar wit	ed agent, or	both, in the State of Flo	rida. Such change	was authoriz	ed by the c	ve-n	named corp oration's bo	oration s pard of di	submits this stater lirectors. I hereby	ment for the pa accept the ap	urpose of ch	anding its r	egistered office agent. I am
THE		Signature typed			(NC		Agen	t signature requ						50 11 40
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no nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 power of the 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 contains the property of the property of the exemption stated in Section 119.07(3)(k), 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 property of the

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 586-6303

CR2E034 (12/95)