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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74755

(4)

SOUTHLAND INSURANCE GROUP INCORPORATED

			<del></del>		
Principal Place		Mailing Address		10011017 011 12011 01011 10031 01101 011	410 B1811 91811 91911 81811 1021
540 SE 6TH ST FT. LAUDERDALE FL 33301 US		10869 NW 46 DR. CORAL SPRINGS FL 33076-2130			
00			•	3. Date incorporated or Qualified 05/22/1990	3a. Date of Last Report 01/03/1997
	race of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5/4	ME AS ABOVE	26		65-0195284	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
— City & Stati ──	ů.	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
Zip	25	29	30	8. This corporation has liability for in Florida Statutes	Yes No
24	9. Name and Address of Curr		130]	10. Name and Address of New Reg	
CHE	REW, ALEX		81 Name	ALEX CHEREW	
	THREE LAKES CR		99 Stroot Ac	THEX CHEREVO	101
	A RATON FL 33428	NEW ADNESS HOME	Street Ac	69 NW 46T DK	· ·
		NEW HIME	83		
		130m E-			Tee Lin Code
			B4 City COP	al sprengs	FL 85 Zip Code 320.76
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508, Florida Sta	tutes, the above-named or	progration submits this statement for the pr	proose of changing its registered
office or r agent. La	registered agent, or both, in the Sta im familiar with and accept the obl	ite of Florida. Such change wa igations of, Section 607.0505.	as authorized by the corpo . Florida Statutes.	ration's board of directors. I hereby accep	the appointment as registered
		ex cheven		· ·	1/30/97
SIGNATURE	Stignature, typed or profesioname of registered (		NOTE: Registered Agent signature re	pulred when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	CHEREW, ALEX		1.2 NAME	•	
STREET ADDRESS	9945 THREE LAKES CR		1.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
THILE	D DISTRIBUTION DISTRIBUTION	☐ DELETE	2.1 TITLE		Change Addition
NAME	CHEREW, RICHARD	'	2.2 NAME		
STREET ADDRESS	22755 SW 66TH AVE		2.3 STREET ADDRESS	and the second s	
CITY - S1 - ZIP	BOCA RATON FL	DE LETE	2. 4 CITY-ST-ZIP		Change Addition
101.6		☐ DELETE	3.1 TITLE		The cuantic (The control
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		L DELETE	4.1 TITLE 4.2 NAME		First everythe First vertices
NAME BIDSULABLO 66			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY - \$1 - 7IP TITLE	, , , , , , , , , , , , , , , , , , ,	L_ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Lad betting	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		- •
STREET ADDRESS			6.3 SYREET ADDRESS		
CITY - S" - ZIP			6.4 CITY - ST - ZIP		
<b>14.</b> I do here	by certify that the information supp	lied with this filing does not a	ualify for the exemption sta	ited in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatic	on indicated on this annual report of	r supplemental appual report	is true and accurate and t	hat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if made under oath; that
appears	in Block 12 or Block 13 if changed	or on an attachment with an	address.	pur un respense al mission dell'indiane e	