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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90195 033 ***150.00

| A BEST FLORIDA INSURANCE, INC. | | |
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| | | |
| Principal Place of Business Mailing Address | | I (85/80)) 201 Birth 1865) Sibil Bisel Statt Bibli Bratt Bist Bist Bist Bist Bist Bist Bist Bi |
| 8017 W. SAMPLE RD 8017 W. SAMPLE RD | | · |
| CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 | | |
| us US | | DO NOT WRITE IN THIS SPACE |
| | | 3. Date Incorporated or Qualifed |
| | | 08/18/1987 4. FEI Number Applied For |
| Principal Place of Business 2a. Mailing Address | | 4. FEI Number Applied For 65-0017526 Not Applicable |
| 21 26 | | 88.75 Additional |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 5. Certificate of Status Desired Fee Required |
| 27 | | 6. Election Campaign Financing S5.00 May Be |
| 23 28 | | Trust Fund Contribution Added to Fees |
| | Country | 8. This corporation owes the current year Intangible |
| 24 25 29 | ř | Personal Property Tax. |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
| | 81 Name | |
| SOKOLOFF, SANDER G. | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| 9182 LONG LAKE PALM DRIVE | OLI COLLAG | |
| BOCA RATON FL 33496 | 83 | |
| | 84 City | 85 Zip Code |
| <i>I</i> | | FL · |
| 11. Pursuant to the profisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, of both, in the State of Florida. Such change was author agent. I am familiar with anti-accept the obligations of, Section 607.0505, Florida S | ne above-named co | proparation submits this statement for the purpose of changing its registered |
| office or registered/agent, of both, in the State of Florida. Such change was author | rized by the corpora | ation's poard of directors. I nereby accept the appointment as registered |
| | Statutes. 🗻 🛰 | 101-111 |
| 1 11111 12 31111 | del 5 | 3-8-1999 |
| SIGNATURE IVV V | stered Agent signature requ | uired when reinstating) DATE |
| SIGNATURE Signature hyped or printed name of noisered agent and title if applicable. (NOTE: Regis 12. OFFICERS AND DIRECTORS | stered Agent signature requ | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| SIGNATURE Signature typed or printed name arriginered agent and title if applicable. (NOTE: Regis 12. OFFICERS AND DIRECTORS TITLE PD DELETE | stered Agent signature required. 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SECRETARY SEPARABLE Change Maddition |
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| SIGNATURE Signature typed or printed name introjected agent and title if applicable. (NOTE: Regis 12. OFFICERS AND DIRECTORS TITLE PD DELETE NAME SOKOLOFF, SANDER G. STREET ADDRESS 9182 LOG LAKE PALM DRIVE | stered Agent signature required. 13. 1.1 TITLE 12 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SECRETARY TREPSURED Change MAddition BARRY SOKOLOFF 5739 NW 416 DRIVE |
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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 attainment with an addless with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: G OFFICER OR DIRECTOR

CITY-ST-ZIP