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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

(0)

FLORIDA SPECIALTY LINDERWRITERS, INC.

FILED
Jan 21 1998 8:00am
Secretary of State

	DA OF COMETT CHECKING	ireno, mo					AND IN BUILDING BUILDING	1 (
Principal Plac	ce of Business	Mailing Address						DIEN BIBLIER
i i	E NEST LANE	15175 EAGLE NEST LANE						
#104		#104						
			MIAMI LAKES FL 33014-2703		DO NOT WRITE IN THIS SPACE			
U\$		US				3. Date Incorporated or Qualified		
9 Principal B	Place of Business	2a. Mailing Address				08/11/1988 4. FEI Number		
21	THOSE OF EXAMINESS	<u>├</u>				• •	├	Applied For
Suite, Apt #, etc.		Suite Apt. #. etc.			65-0066688		Not Applicable Additional	
22		27			5. Certificate of Status Desired		Paguired	
City & State		City & State			6. Election Campaign Financing		O May Be	
23		28				Trust Fund Contribution		d to Fees
Zip Country		Zip	Zip Country			B. This corporation owes or has paid the	current year I	Intangible
24	25	29	30			Personal Property Tax due June 30.		☐ No
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	d Agent	
D/	NS, JOHN P JR.		1	Nar Nar	ne			
	175 EAGLE NEST LANE		E	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
	104 3.							
MI	AMI LAKES FL 33014			13				
	•		ε	4 City		-	85 Zip	p Code
44 Pursuant	to the provisions of Sections 607 OF	02 and 607 1000 Lloride Stabut	on the abo		od oorn	oration submits this statement for the purpose	-(-)	
1 OTTICE OF I	egistered agent, or b oth, in the Stat	e of Horida. Such change was a	authorized :	by the c	corporati	on a board of directors. I hereby accept the a	oi changing ppointment a	ils registered as registered
agent. ra	m familiar with, and accept the obliq	gations of, Section 607.0505, Fig	orida Statul	les.				
SIGNATURE	Signature, typed or printed name of registered ac	neot and title if applicable (NO1)	F. Bronistered A		turo require	rd when reinstating) DATE		
12.		ND DIRLCTORS	13.	·		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO)RS IN 12
TITLE	DP	DELETE	1.1 TITLE	-	T		Change	
NAME	DAVIS, JOHN P JR.		1.2 NAM	ŀ	- 1			
STREET ADDRESS	14820 MIAMI LAKEWAY, SO),	1.3 STRE	ET AODRES	ss			
CITY-ST-ZIP	MIAMI LAKES FL		1.4 DITY	-S1-ZIP				i
TIPLE	DST	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAMF	DAVIS, HARRIETT H		2.2 NAM	E				
STREET ADDRESS	14820 MIAMI LAKEWAY, SO),	2.3 \$1KE	E1 ADDRES	SS			
CITY-SY-ZIP	MIAMI LAKES FL			- ST- ZIP				
TITLE		☐ DEŁETE	3 1 TITLE				Change	Addition
NAME			3.2 NAM	Ţ				
STREET ADDRESS			33 STRE	ET ADDRES	iS			
CtTY-ST-ZIP				- ST - 71P	 -			
TOTLE		☐ DETELE	4.1 1111.6				Change	Addition
NAME			4 2 NAM					
STREET ADDRESS				E1 ADDRES	S			
CITY-ST-ZIP		DOUFIE	4.4 City					7.00
TITLE		L.J DURK	5.1 1111.6				☐ Change	Addition Addition
NAME STREET ADDRESS			5.2 NAMI					-
STHEET ADDRESS				ET ADDRES	5			121
CITY-ST-ZIP TITLE		DELETE	5.4 CHY- 6.1 HILF				Chance	☐ Addition
NAME		Fil Marie				0000024062 -01/21/98010330	-4-Change	□ ¥00HIOU
			6.2 NAME			-01/21/98010330	MS	
STREET ADDRESS			5.3 STRE	ET ADDRES	S	***450.00		

6.4 CITY - \$1 - ZIP 14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or distance 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 attrachmost with an address.