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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M95101 1. Corporation Name

INSURANCE STRATEGIES, INC.

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Jan 27, 1999 8:00am
Secretary of State

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Principal Place	e of Business	Mailing Address				MINT THE BIRTH MENTS REPORT AVAILA	
2801 UNIVERSIT		2801 UNIVERSITY DR.		•			
STE. #306	71. Un.	STE. #306					
CORAL SPRING	SS FL 33065	CORAL SPRINGS FL 33065				RITE IN THIS SPACE	<del></del>
US	•	US			3. Date Incorporated or Qualife	<b>a</b>	
					08/22/1988		plied For
<ol><li>Principal Pl</li></ol>	lace of Business	2a. Mailing Address			4. FEI Number	<del>                                    </del>	t Applicable
21		26			65-0068762	<b>\$8.75</b>	
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City & State	te.	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	
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Zip	Country	Zip	30	u y	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren	29	30]		10. Name and Address of New		•
_ <del></del> -	9. Name and Address of Curren	t Kegistered Agent		81 Name	10.		
FLA	M, MICHAEL R		į				
	8 UNIVERSITY DR			82 Street Add	fress (P.O. Box Number is Not Accept	otable)	
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200 119 500	to the provisions of Sections 607.050	0 1007 4500 Ft - id- Ot-14	440 04	ave named cor	porntion submits this statement for th	ne numose of changing its	registered
the affine are	registered agent or both in the State (	ot Florida. Such chande was a	umonzea	DV tile COIDCIAN	ion's board of directors. I hereby acc	ept the appointment as re	gistered
agent: I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statu	tes.		÷	. 1
SIGNATURE		W.					<u> </u>
SIGNATURE		ALOTE ALOTE	Desistered	Socot eignature requir	nd when reinstating) 7	DATE	
	Signature, typed or printed name of registered agen	n dita 110 ti oppiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Agent signature requin	ad when reinstating) **/ ; ; ***/ ADDITIONS/CHANGES TO C		ORS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable (NOTE D DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO C		DRS IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: