


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000567 <small>1. Corporation Name</small> Florida Association of Independent Insurance Adjusters, Inc.			
Principal Place of Business 5110 N. Federal Hwy., Ft. Lauderdale, FL 33334 33308		Mailing Address (Same as Principal Place of Business)	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/30/96		4. FEI Number 65-0640726	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Richardson, Mark 5110 N. Federal Hwy Ft. Lauderdale, FL 33334 33308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DIRECTOR <input type="checkbox"/> DELETE NAME: Richardson, Mark STREET ADDRESS: 5110 N. Federal Hwy CITY-ST-ZIP: Ft. Lauderdale, FL 33334		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: DIRECTOR <input type="checkbox"/> DELETE NAME: Wiggins, Dick STREET ADDRESS: 3201 W. Commercial Blvd., #231 CITY-ST-ZIP: Ft. Lauderdale, FL 33334		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: DIRECTOR/SECRETARY <input type="checkbox"/> DELETE NAME: Markham, Jack STREET ADDRESS: 12400 W. Dixie Hwy CITY-ST-ZIP: N. Miami, FL 33161		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: DIRECTOR/TREASURER <input type="checkbox"/> DELETE NAME: McCurdy, Joseph P. STREET ADDRESS: 9690 N.W. 41 Street CITY-ST-ZIP: Miami, FL 33178		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: DIRECTOR/PRESIDENT <input type="checkbox"/> DELETE NAME: Phillips, Donald STREET ADDRESS: 3215 N.W. 10 Terr. #209 CITY-ST-ZIP: Ft. Lauderdale, FL 33334		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: DIRECTOR <input type="checkbox"/> DELETE NAME: Palacios, Jose STREET ADDRESS: 10300 Sunset Dr. #164 CITY-ST-ZIP: Miami, FL 33255		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if deleted, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> Treas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9-7-98 Daytime Phone #: 305-591-2500	

CR2E037 (10/97)