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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005221 (3)
1. Corporation Name
FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION, INCORPORATED

Principal Place of Business 300 EAST PARK AVENUE TALLAHASSEE FL 32301	Mailing Address 300 EAST PARK AVENUE TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified
09/15/1997

4. FEI Number 59-3469214	Applied For Not Applicable
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2. Principal Place of Business 21 1425 East Piedmont Dr. Suite, Apt. #, etc. 22 201B City & State 23 Tallahassee, FL Zip 24 32312	2a. Mailing Address 26 Post Office Box 15159 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32317 Country 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**MAIDA, THOMAS J
300 EAST PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name Sandra J. Robinson
82 Street Address (P.O. Box Number is Not Acceptable) 1425 E. Piedmont Dr.
83 Suite 201B
84 City Tallahassee
85 Zip Code FL 32312

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 *Sandra J. Robinson* **Sandra J. Robinson, Sec/Treas** **4/7/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	KARL, FREDERICK B ONE TAMPA CITY CENTER, STE 2100 TAMPA FL 33601	<input checked="" type="checkbox"/> DELETE	
TITLE D	WHITE, FRANK 901 NW 51 STREET BOCA RATON FL 33431-4425	<input type="checkbox"/> DELETE	
TITLE D	BRAUTIGAM, ROBERT J 3350 BUSCHWOOD PARK DR, STE 245 TAMPA FL 33618	<input type="checkbox"/> DELETE	
TITLE D	BULL, WILLIAM 2310 A-Z PARK ROAD LAKELAND FL 33801	<input type="checkbox"/> DELETE	
TITLE D	WILLIS, DAVID 280 WEKIVA SPRINGS ROAD LONGWOOD FL 32779	<input checked="" type="checkbox"/> DELETE	
TITLE D	CANTRELL, MELBA 7240 COLUPARK AVENUE LIZELLA GA 31052	<input checked="" type="checkbox"/> DELETE	
1.1 TITLE	D, V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Stahl, Tom		
1.3 STREET ADDRESS	116 South Monroe Street		
1.4 CITY-ST-ZIP	Tallahassee, FL 32302		
2.1 TITLE	P, C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	M, V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Grippa, Anthony M.		
5.3 STREET ADDRESS	1425 E. Piedmont Drive, Suite 201B		
5.4 CITY-ST-ZIP	Tallahassee, FL 32312		
6.1 TITLE	S, T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Robinson, Sandra J.		
6.3 STREET ADDRESS	1425 E. Piedmont Drive, Suite 201B		
6.4 CITY-ST-ZIP	Tallahassee, FL 32312		

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 changed, or on an attachment with an address.

SIGNATURE: *Frank White*

4/7/98

CR2E037 (10/97)