

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 06 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 # N97000006998 (5)

1. Corporation Name

THE FLORIDA WORKERS COMPENSATION INSURANCE COMMISSION, INC.



Principal Place of Business

Mailing Address

801 BRICKELL AVENUE  
9TH FLOOR  
MIAMI FL 33131

801 BRICKELL AVENUE  
9TH FLOOR  
MIAMI FL 33131

3. Date Incorporated or Qualified  
12/17/1997

4. FEI Number

65-0800128

Applied For  
Not Applicable

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

2. Principal Place of Business

21

Same

2a. Mailing Address

26

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
843 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
WILLIAMSON, LISA  
STREET ADDRESS  
801 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE ☒ DELETE

NAME  
JONES, LAWRENCE  
STREET ADDRESS  
801 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE ☐ DELETE

NAME  
EVANS, CEDRIC  
STREET ADDRESS  
801 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE ☐ DELETE

NAME  
LEVINE, DAVID  
STREET ADDRESS  
801 BRICKELL AVENUE  
CITY-ST-ZIP  
MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (D) Dinawon Bythwood ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

801 Brickell Ave 9th Floor  
Miami, FL 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 changed, or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)

700002581537  
-07/07/98--01063--005  
\*\*\*70.00