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Feb 26, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006998

1. Corporation Name

THE FLORIDA WORKERS COMPENSATION INSURANCE COMMISSION, INC.

Principal Place of Business

801 BRICKELL AVENUE  
9TH FLOOR  
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE  
9TH FLOOR  
MIAMI FL 33131



2. Principal Place of Business

21

Suite, Apt. #, etc.

SAME

2a. Mailing Address

26

Suite, Apt. #, etc.

SAME

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

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

SAME

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 D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BYTHWOOD, DINAVON  
STREET ADDRESS 801 BRICKELL AVENUE 9TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

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

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
LISA WILLIAMSON

1/24/99

(305) 371-0053

Date

Daytime Phone #

CR2E037 (1/98)