

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 038 ***150.00

DOCUMENT # P21240

1. Corporation Name

NATIONAL SUPPORT SYSTEMS INSURANCE AGENCY, INC.

Principal Place of Business

800 FAIRWAY DR
DEERFIELD BEACH FL 33441-8828

Mailing Address

800 FAIRWAY DR
DEERFIELD BEACH FL 33441-8828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1988

4. FEI Number

52-1502149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 455 FAIRWAY DR

2a. Mailing Address

26 455 FAIRWAY DR

Suite, Apt. #, etc.

22 3RD FLOOR

Suite, Apt. #, etc.

27 3RD FLOOR

City & State

23 DEERFIELD BEACH, FL

City & State

28 DEERFIELD BEACH, FL

Zip

24 33441

Country

25 BROWARD

Zip

29 33441

Country

30 BROWARD

9. Name and Address of Current Registered Agent

~~INSURANCE COMMISSIONER~~
~~THE CAPITAL~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name
VILLARI, DAVID J.

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

455 FAIRWAY DR

83 3RD FLOOR

84 City
DEERFIELD BEACH

FL

85 Zip Code
33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

David J. Villari
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VILLARI, DAVID J.
STREET ADDRESS 1288 SEMINOLE DR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME ~~ALLMAN, SCOTT A~~
STREET ADDRESS ~~11582 LAKEVIEW DR~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33071~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PST
VILLARI, DAVID J.
2.3 STREET ADDRESS 455 FAIRWAY DR., 3RD FLOOR
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

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 607, 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:

David J. Villari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99

CR2E034 (11/98)