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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P93000019145**

1. Corporation Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
901 NW 51ST ST. BOCA RATON FL 33431	P.O. BOX 310704 BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/15/1993

4. FEI Number: 59-3170795 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHEBEL, JON L
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Shebel, Jon L.
82 Street Address (P.O. Box Number is Not Acceptable): 901 NW 51st Street
83
84 City: Boca Raton FL 85 Zip Code: 33431

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: Jon L Shebel P/D — 1/21/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEBEL, JON L 516 NORTH ADAMS STREET TALLAHASSEE FL 32301	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 901 NW 51st Street Boca Raton, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WEST, ROBERT W 516 NORTH ADAMS STREET TALLAHASSEE FL 32301	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, FRANK T 516 NORTH ADAMS STREET TALLAHASSEE FL 32301	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 901 NW 51st Street Boca Raton, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YON, DAVID P 516 NORTH ADAMS STREET TALLAHASSEE FL 32301	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 901 NW 51st Street Boca Raton, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC SPEARMAN, GUY M III 402 HIGHPOINT DRIVE SUITE A COCOA FL 32926-6634	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DAVIS, T W 1910 SAN MARCO BLVD JACKSONVILLE FL 32207	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: SIGNATURE REQUIRED — David P. Yon, Executive Vice President & Chief Financial Officer — 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #