## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	6	DIVISIO	ON OF CORPORA					
OCUMEN Corporation Name	NT # <b>P93</b> 0	000022127	(3)					
•	INSURANCE AGENO	CY, INC.			I NACHLARI NIN NANA NIKILORIN ASIN ASIN	I <b>Ba</b> nn <b>Ba</b> hit ik	14 <b>1</b> (1811 148) 148)	
rincipal Place of Busin	0000	Mailing Address						
•		899 VANDERBI	T DEACH DD					
899 VANDERBILT BE SUITE 117	EROTI NU.	SUITE 117	ET DENOTE TID.					
NAPLES FL 33963		NAPLES FL 33	963		3. Date Incorporated or Qualified		of Last Report	
					03/24/1993	0	4/28/1995	
Principal Place of B		2a. Mailing Addre	_		4. FET Number		Applied I	
sam	<u> </u>	26 Sar			65-0404417		Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired		Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00 May I	Зе
		28		·	Trust Fund Contribution	<u> </u>	Added to Fee	
Zip	Country	Zip	Cou	ntry	8. This corporation has lability for Florida Statutes X Yes		x under s 199.033	۷,
G N	25  lame and Address of Cui	rrent Registered Agent	[30]		10. Name and Address of New I		Agent	
	and real too or our			81 Name <	ane			
HAHN, JAMES	S E			_	ess (P.O. Box Number is Not Accepta	ole)		
899 VANDERF	BILT BEACH ROAD							
SUITE 117				83				
NAPLES FL 3	13963			<b>84</b> City		FL	85 Zip Code	
	1.6	2500 and 607 1509 Florida	Statutos the abo	we pamed cornor	ation submits this statement for the pr		notina its registere	d office
<ol> <li>Pursuant to the pi or registered ager</li> </ol>	nt, or both, in the State of f	Florida. Such change was a	uthorized by the	corporation's boar	ation submits this statement for the pured of directors. Thereby accept the app	ointment as	registered agent.	fam
familiar with, and	accept the obligations of, S	Section 607.0505, Florida S	statutes.					
IGNATURESignature	typed or printed name of registered	agent and little if applicable	(NÖTE Registered	Agent signaturi recurs		DATE		·· · ·
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
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TREET ADDRESS  ITY-SI-ZIP  TREET ADDRESS  ITY-SI-ZIP  ITEE AME  IREET ADDRESS  ITY-SI-ZIP  ITEE ADDRESS  ITY-SI-ZIP	iformation indicated on this in officer or director of the c	DEL blied with this filling is volunt annual report or suppleme porporation or the receiver	52N 53S 54C FTE 6 1' 62N 63S 64C anily furnished and rutal annual report or trustee empow	IAME  OTHER ADDRESS  OTHER ADDRESS  DAME  STREET ADDRESS  OTHER ADDRESS	for the exemption stated in Section 11 ate and that my signature shall have th is report as required by Chapter 607,	9.07(3)(k), Fl	Change A	uddition rther under
IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP 4. I do hereby certif certify that the in outs.	nformation indicated on this in officer or director of the ck 12 or Block 13 if changed	DEL blied with this filling is volunt annual report or suppleme porporation or the receiver	52N 53S 54C FTE 6 1 62N 63S 64C anily furnished and report rurstee empower an address.	IAME MIRELI ADDRESS DITY-ST-ZIP HITLE HAME STREET ADDRESS DITY-ST-ZIP I does not qualify is true and accur pred to execute the		9.07(3)(k), Fl e same lega Florida Statu	Change A  Orida Statutes. I full Leffect as if made tes; and that my n	rther under ame