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PROFIT CORPORATION ANNUAL REPORT

. 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

A CREATA DE SER ARTER CRITE D'ANTE RELIX D'ATTE MATER D'ATRE DESERT (BERN 1991) (A DE 1991)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055837 (7)

APEX INSURANCE, INC.

Principal Place		Mailing Address					
11186 SPRING HILL DRIVE SUITE 218 SPRING HILL FL 34809 US		11186 SPRING HILL DRIVE SUITE 219 SPRING HILL FL 34609-4848 US					
				 Date Incorporated or Qualif 08/06/1993 	ied 3a. Date of L 04/08/19	96	
2. Principal Place of Business 21		28. Mailing Address 26		4. FEI Number 59-3195190	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.			S8 75 Additional		
22		27		5. Certificate of Status Desired		ee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23] Zip	Country	28 Zip	Cour	dn.	Trust Fund Contribution		dded to Fees
24 Zip	25	29	30	шу	 This corporation has liability Florida Statutes 	tor intangible tax ur Yes ☑ No	ider s. 199.032,
•	g. Name and Address of Current		130]		10. Name and Address of New		
RAY	MOND-LAPLANTE, SHARON			B1 Name	MICHAGE A. LAPLA	WTE	
	36 SPRING HILL DRIVE SUITE 219	82 Street Add		MICHAEL A. LAPLANTE dress (P.O. Roy Number is Not Acceptable) LUE B.G. SPRINT HILL BRIVE			
SPA	ING HILL FL 33556		-	1/12	36 STRING HILL	DRIVE	
				83	VITE 319		
				84 City	PRING HILL	FL 85	Zip Godo
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida State	ites the ab	ove named som	poration submits this statement for	the purpose of chang	oing its registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligat	if Florida, Such change was	-author#ed	by the printing a	tion's peared of directors. I hereby a	accept the appointme	int as registered
SIGNATURE	$\mathbf{S} \mathbf{u} = \mathbf{u} \mathbf{v} \mathbf{v}$	appa +				4/1	1/91
SIGNATURE	Signature, typod or printed name of registered against	and title if applicank (NC	TE Hogis ercd	Agent's greature requi	ired when roinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C		·
TITLE	D DAVIJOND LADIANTE CUADON	☐ DELETE	1110	i		∐ Cı	hange [_] Addition
NAME	RAYMOND-LAPLANTE, SHARON 11508 SOUTH BELMACK BLVD.		1.2 NA				
STREET ADDRESS CITY-ST-ZIP	ODESSA FL 33558			REEL ADDRESS Y-ST-ZIP			
TITLE	00000112 00000	DELE1E	2.1 10			Ci	hange Addition
NAME			2 2 NA	ME			
STREET ADDRESS			2351	KEET ADDRESS			i
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NAME			3 2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 TIT	1Y - S1 - ZIP		Пе	hange Addition
NAME		<u></u> <i> </i>	4.1 III	i		ال ليــا	ango En Adonott
STREET ADDRESS				REFT ADDRESS			
CITY-\$T-ZIP				Y · S1 - ZIP			
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NAME			5.2 NA	ME			
STREET ADDRESS			5.3 \$16	REET ADDRESS			
CITY-ST-ZIP				Y-S1-7iP			
TITLE		L DELETE	61 T IT	1		□ Ci	hange Addition
NAME			6 2 NA	ł			
STREET ADDRESS				HEET AODRESS			
CITY-ST-ZIP	by certify that the information supplied	with this filling does not one		Y-S1-ZIP exemption states	d in Section 119 07/3)(i) Florida St	atutes. I further certif	v that the
informatio	on indicated on this annual report or sufficer or director of the corporation or t	ipplemental annual report is	true and a	ccurate and tha	it my signature shall have the same	legal effect as if ma	de under oath; that I
appears i	in Block 12 or Block 13 if changed, or i	on an attachment with an ac	wered to e ddress.	xecute ans repo	ит аз тецитой ру спартег 607, 1101	ida siaimos; and the	д тпу папте