COF ANNU	PROFIT RPORATION JAL REPORT 1998	G FEE AFTER	R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		DF STATE am	FILED Feb 04 1998 8:00ar Secretary of State				
KOLISC	CH INSURANCE, II		• •	)						
rincipal Place of Business 20 ALMERIA AVENUE CORAL GABLES FL 33134		90	Mailing Address 90 ALMERIA AVENUE CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or 12/06/1993	Qualified			
Principal Pi	lace of Business	2a. !	Mailing Address			4. FEI Number			A	oplied For
Suite, Apt.	4 4	26				65-0456140			Not Applicabl \$8.75 Additional	
Suite, Apt.	#, O(C.	27	Suite, Apt. #, etc.			5. Certificate of Status D	esired			Additional equired
City & State		28	City & State			<ol> <li>Election Campaign Fli Trust Fund Contribution</li> </ol>	on		Added	May Be to Fees
Zip 4	Country 25	y 29	Zip	Cour	atry	B. This corporation owes Personal Property Tax				tangible No
·/		as of Current Registe	red Agent	130		10. Name and Address of				
	LISCH, JAMES				81 Name					
	Almeria ave. Ral gables fl 331	<b>04</b>		- F	82 Street Add	Iress (P.O. Box Number is No	Acceptat	ole)		- <u> </u>
	MAL GADLES FL 331	34		-	83					
					03					
				_					85 Zin	Code
	a the movinions of Prot	inco 607 0507 and 607	7 1509 Elevide Stat	-	84 City			FL		Code
agent. Lar	to the provisions of Sect egistered agent, or both m familiar with, and acco	ions 607.0502 and 60 , in the State of Florida ept the obligations of, i	7, 1508, Florida Statt Such change was Section 607,0505, F	utes, the ab	84 City ove-named cor	poration submits this statemention's board of directors. I here	nt for the p eby acce			
agent. I ar SIGNATURE	m familiar with, and acco Stanature, typed or printed name	ept the obligations of,	Section 607.0505, F applicable (NC	utes, the ab authorized lorida Statu ME: Registered	84 City ove-named cor by the corpora ites.	ired when reinstaling)		Durpose of pt the app DATE	changing i ointment as	ts registered registered
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