FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90077 022 \*\*\*150.00

# 1001:100; 150 10:51 0:811 00:51 00:51 00:51 00:51 00:51 00:51 0:101 0:005 1:010 0:051 1991 100:

## 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

## **DOCUMENT #** P94000064127

FLORIDA LIABILITY ASSURANCE GROUP, INC.

Principal Plac	e of Business	Mai	iling Address				1 (001300) (10 10113 01011 00111 00111	1114 BLOS BIBBI 1	
4554 N UNIVERSITY DRIVE P O BOX DRAWER 45-2259 FT LAUDERDALE FL 33351 FT LAUDERDALE FL 33345 US US					DO NOT WRITE IN THIS SPACE				
103		00					3. Date Incorporated or Qualifed		
	•						08/30/1994		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Applied For
21		_ 26 =		- 32-2			65-0521469		Not Applicable
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
22		27					5. Certificate of Status Desired	Fee	Required
City & Stat	e	<del></del>	City & State				6. Election Campaign Financing	\$5.0	<b>)0</b> May Be
23		28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country		Zip	Coun	tŕy		8. This corporation owes the current year		[
24	25	29		30			Personal Property Tax.	<b>⊠</b> Yes	□No
	9. Name and Address of Current	Regist	ered Agent				10. Name and Address of New Register	d Agent	
				1	81	Name			
SCHARF, ROBERT D ESQ				la la	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
1999 UNIVERSITY DR						ىتە			
SUITE 402				[1	83	_			
COR	AL SPRINGS FL 33071				84	City		. 85 Z	ip Code
					·		L	· )	
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statute	s, the ab	ove-	named corpor	ration submits this statement for the purpose	of changing	its registered
l office or r	egistered agent, or both, in the State om familiar with, and accept the obligat	or Fiorida	i. Such change was au	monzea	ยงแ	ne corporation	i's board of directors. I hereby accept the ap	positinent as	registered
i -	minantal man, and accept me sengar		1						}
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOTE: I	Registered A	gent s	signature required v			
12.	OFFICERS ANI	DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS		TODS IN 12
TITLE	D			-			ADDITIONS/CHANGES TO OFFICERS		
NAME	ON DEDM. LAWDENCE A		☐ DELETE	1.1 TITL	E		ADDITIONS/CHANGES TO OFFICERS	Chan	
OTHERT ADDRESS	GALPERN, LAWRENCE A			1.1 TITL 1.2 NAW			ADDITIONS/CHANGES TO OFFICE NO		
STREET ADDRESS	4554 N UNIVERSITY DRIVE			1.2 NAW	Æ	ADDRESS	ADDITIONS/CHANGES TO OF TOERS		
CITY-ST-ZIP			☐ DELETE	1.2 NAW	ÆET A		ADDITIONS/CHANGES TO OT TOERS	☐ Chane	ge Addition
1	4554 N UNIVERSITY DRIVE			1.2 NAW 1.3 STR	NE REET A Y-ST-		ADDITIONS/CHANGES TO OF TOERS		ge Addition
CITY-ST-ZIP	4554 N UNIVERSITY DRIVE		☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY	ME REETA Y-ST-		ADDITIONS/CHANGES TO OIT IDENO	☐ Chane	ge Addition
CITY-ST-ZIP	4554 N UNIVERSITY DRIVE	<u>-</u>	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	ME KEET A Y-ST- E ME		ADDITIONS/CHANGES TO OIT IDENO	☐ Chane	ge Addition
CITY-ST-ZIP TITLE NAME	4554 N UNIVERSITY DRIVE		☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	REET A Y-ST-: E ME	ZIP  ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 22 NAW 2.3 STR	AE Y-ST- E AE Y-ST- AE Y-ST-	ZIP  ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chane	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CITY	REET A Y-ST- E ME REET A Y-ST-	ZIP  ADDRESS	ADDITIONS/CHANGES TO OT TOUR	☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 22 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW	AE  Y-ST-  E  EEET A  Y-ST-  EEET A  Y-ST-	ZIP  ADDRESS	ADDITIONS/CHANGES TO OT TOUR	☐ Chan	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 22 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW	REET A  Y-ST- E REET A  Y-ST- E REET A	ADDRESS	ADDITIONS/CHANGES TO OT TOLLIO	☐ Chan	ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CID 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	AE  V-ST-  E  AE  V-ST-  E  AE  V-ST-  AE  AE  AE  AE  AE  AE  AE  AE  AE  A	ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chan	ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4554 N UNIVERSITY DRIVE	_	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	AE A	ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chan	ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL	AE EET A AE EET A AE EET A AE AE EET A AE AE EET A AE AE EET A AE A	ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chan	ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL	AE EEET A	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OT TOESTO	☐ Chan	ge Addition ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4554 N UNIVERSITY DRIVE	-	☐ DELETE	1.2 NAW 1.3 STR 1.4 CID 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR	AE EET A E AE EET A E EET A E EET A	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OT TOUR	☐ Chan	ge Addition ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4554 N UNIVERSITY DRIVE	-	DELETE  DELETE	1.2 NAW 1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITN	AE  V-ST-  E  AE  V-ST-  E  AE  V-ST-  E  AE  V-ST-  E  V-ST-  E  V-ST-  E  V-ST-  E  E  V-ST-  E	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OT TOUR	☐ Chan	ge Addition ge Addition ge Addition ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	4554 N UNIVERSITY DRIVE	-	DELETE  DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW	AE A	ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ADDITIONS/CHANGES TO OT TOUR	☐ Chan	ge Addition ge Addition ge Addition ge Addition

CITY-ST-ZIP for 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 by 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 attitud or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the infinitional re officer or director of the corp. Block 12 or Block 13 if chang

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

DELETE

748 GEN

Change

Addition