

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90122 020 ***150.00

DOCUMENT # P94000072506

1. Corporation Name
ARGUS FIRE & CASUALTY INSURANCE COMPANY

Principal Place of Business

20803 BISCAYNE BLVD
STE 401
MIAMI FL 33180
US

Mailing Address

20803 BISCAYNE BLVD
STE 401
MIAMI FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

36-3954203

Applied For

Not Applicable

5. Certificate 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

9. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(Not E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P HAYNES, LARRY E ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
20803 BISCAYNE BLVD, STE 401
MIAMI FL 33180

TITLE TD ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
RIVARD, JEAN-GUY
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

TITLE SD ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PARRILLO, MICHAEL R
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PARRILLO, RICHARD P S
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PARRILLO, BEAU
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PARRILLO, RICHARD P JR
3909 NE 163RD ST, 3RD FLOOR
N MIAMI BCH FL 33160

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

PRESIDENT & DIRECTOR
PARRILLO, RICHARD P. JR.

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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)