## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000075054 (4)

CHELSEA CASUALTY COMPANY, INC.

3900 WEST COMMERCIAL BLVD 3900 WEST COMMERCIAL BLVD FT. LAUDERDALE FL 33309-3318 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1994 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0529773 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GRIMSLEY, CHARLES J., ESQ.** 81 Name 9600 N.W. 38TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **MIAMI FL 33178** 84 City Zip Code 65 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 Signarine, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DPSD ☐ DELETE Change Addition TIFLE 1.1 TITLE MENELLA, FRANK NAVE 1.2 NAME 3900 WEST COMMERCIAL BLVD 1,3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 C-TY - ST- ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESSS 2. 4 CITY-ST-ZIP CHY-ST DELETE 3.1 TITLE Change \_\_\_ Addition TOLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-7IP DELETE Addition 4 5 TITLE ☐ Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAMÉ **5.3 STREET ADDRESS** STREET ADDRESS CITY - SY - ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-20 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental amount 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 combation or the receiver of trustee empowered to execute this upon as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an anothers.