

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000082876 (1)

1. Corporation Name

HIP INSURANCE COMPANY OF FLORIDA



Principal Place of Business

Mailing Address

VENTURE CORPORATE CENTER III  
200 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

VENTURE CORPORATE CENTER III  
200 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0545388

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, STEVEN M  
VENTURE CORP. CENTER III  
200 SOUTH PARK  
HOLLYWOOD FL 33021

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME WATSON, ANTHONY L  
STREET ADDRESS 320 EAST 23RD ST.  
CITY-ST-ZIP NEW YORK NY 10010 ☐ DELETE

TITLE D  
NAME COHEN, STEVEN M  
STREET ADDRESS 6185 N.W. 31 AVE.  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ DELETE

TITLE D  
NAME NEECK, BERNARD J  
STREET ADDRESS 224 EDSALL TERR.  
CITY-ST-ZIP PEARL RIVER NY 10965 ☐ DELETE

TITLE D  
NAME FASS, MAXINE  
STREET ADDRESS 400 EAST 85TH ST.  
CITY-ST-ZIP NEW YORK NY 10028 ☐ DELETE

TITLE D  
NAME PERRAUD, ROBERT L  
STREET ADDRESS 7960 N.W. 4TH PLACE  
CITY-ST-ZIP PLANTATION FL 33317 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001801772  
-04/30/96 -01100-015  
\*\*\*278.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Cohen, President 4/12/96 (305)962-3008

Date

Day/Mo/Yr 4/00

CR2E034 (12/95)