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 # **P95000028019**1. Corporation Name

S K & W INSURANCE SERVICES, INC.

2 10 20 11									
Principal Place	e of Business	Mailing Address					.,	•	1191 11919 1911 1901
11021 NW 21 S	ा ।	11021 NW 21 ST							
CORAL SPRING	\$ FL 3307f	CORAL SPRINGS FL 330	071			DO NOT WRIT	TE IN THIS :	SPACE	
						3. Date Incorporated or Qualifed			
						04/04/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	1200 01 240/1000	26				65-0577784			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional
22		27				5. Certifcate of Status Desired		Fee	Required
City & State	9	City & State				6. Election Campaign Financing		\$5.0)0 Мау Ве .
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	ent year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 N	Name	10. Name and Address of New R	egistered A	.gent	
VDEI	SBERG, KENNETH			ין וי י	vallie				
	1 NW 21 ST		ſ	82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	AL SPRINGS FL 33071		-	83					
COR	AL SI HINGS I'L 33071			83					
				84 (City		FL	85 Z	ip Code
		1000 (FOO FL 1) O				ti aubmits this statement for the		changing	ite radistared
office or r	egistered agent, or both, in the State	of Florida. Such change wa	s authorized	by the	e corporatio	pration submits this statement for the in's board of directors. I hereby accept	t the appoir	tment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statu	tes.					
SIGNATURE		and title if analysishin (M	TE: Denistered /	Argent ein	nature required	when reinstating)	DATE		
	Signature, typed or printed name of registered age			Agent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	DIREC	TORS IN 12
12.	OFFICERS AN	ent and title if applicable. (NO ND DIRECTORS	OTE: Registered A		gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIREC	
12. TITLE	OFFICERS AT	ND DIRECTORS	13.	Æ	nature required				
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CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90073 040 ***150.00