

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # P95000039699 (0)

1. Corporation Name
CONDOMINIUM FLOOD INSURANCE AGENCY, INC.



Principal Place of Business
1000 CORPORATE DRIVE
SUITE 100
FORT LAUDERDALE FL 33334

Mailing Address
1000 CORPORATE DRIVE
SUITE 100
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 05/10/1995
3a. Date of Last Report 03/19/1996
4. FEI Number 65-0581972
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HILB, ROBERT H
STREET ADDRESS 4235 INNSLAKE DRIVE
CITY-ST-ZIP GLEN ALLEN VA 23060 ☒ DELETE

TITLE D
NAME ROGAL, ANDREW L
STREET ADDRESS 4235 INNSLAKE DRIE
CITY-ST-ZIP GLEN ALLEN VA 23060 ☐ DELETE

TITLE D
NAME ADAMS, JOHN C JR.
STREET ADDRESS 4235 INNSLAKE DRIE
CITY-ST-ZIP GLEN ALLEN VA 23060 ☒ DELETE

TITLE P
NAME WILCOX, RICHARD W
STREET ADDRESS 1000 CORPORATE DRIVE SUITE 100
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE V
NAME VINCENT, D G
STREET ADDRESS 115 NORTH RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

TITLE V
NAME DANNENHAUER, DANIEL G
STREET ADDRESS 1614 COLONIAL BOULEVARD
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Korman, Timothy J
1.3 STREET ADDRESS 4235 Innslake Drive
1.4 CITY-ST-ZIP Glen Allen, VA 23060

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Smith, Walter L.
3.3 STREET ADDRESS 4235 Innslake Drive
3.4 CITY-ST-ZIP Glen Allen, VA 23060

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

14. I do 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 recorder 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.

Pres.

9-16-97

201 722-5354

CR2E034 (4/97)