

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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 Country

24 25

2a. Mailing Address

26 4235 Innslake Drive

27 Glen Allen, VA

28 City & State

29 Zip Country

30 23060

3. Date Incorporated or Qualified

05/10/1985

4. FEI Number

65-0581972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 KORMAN, TIMOTHY J
STREET ADDRESS 4235 INNSLAKE DR
CITY-ST-ZIP GLEN ALLEN VA

☐ DELETE

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

☐ DELETE

TITLE D
NAME SMITH, WALTER L
STREET ADDRESS 4235 INNSLAKE DR
CITY-ST-ZIP GLEN ALLEN VA

☐ 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 ☐ 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

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.

SIGNATURE:

Walter L. Smith 4/18

DT 7/7/98

CR2E034 (10/97)