PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050218

1. Corporation Name

A-OK INSURANCE INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90195 017 ***150.00



									
Principal P ace	e of Business	Mailing Address				ļ			
11211 N NEBRASKA AVE TAMPA FL 33612		11211 N NEBRASKA AVE TAMPA FL 33612							
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						06/27/1995			 -
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	lied For
21		26				59-3327022		\$8.75 A	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifc ate of Status Desired		Fee Re		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t		
Zip	Courtry	Zip	Coi	untry		8. This corporation owes the curren	t year int	tangible	ļ
24	25	29	30			Persor al Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Re	gistere d	Agent	
0.0	This is a port of			81	Name				
	EN, KAREN L			82	Street Acd	ress (P.O. Box Number is Not Acceptable	e)		
	09 Darnell RD Z Fl 33549								
2012	L FL 33349			83					
				84	City		FL	85 Zip 0	Code
office crin agent. ai SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	vas authorize 5, Florida Sta	ed by t itutes.	ne corpore ti	poration submits this statement for the prion's board of cirectors. I hereby accept	the appoi	changing its intment as re	registered gistered
	Signature, typed or printed naine of registered a	ment and title if applicable.	(NOT) - Registers	d Agent	signature require				
		<u> </u>						UD DIRECTO	E S IN 12
12.		ANE DIRECTORS	13.			ADDITIC NS/CHANGES TO OFFI			
TITLE	PD	<u> </u>	13. IE 1.1 T	ITTLE				ND DIRECTO	S IN 12
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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 a noual 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.

SIGNATURE: