## 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 # P95000074275

1. Corporation Name

BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

Principal Place of Business
6067 HOLLYWOOD BLVD HOLLYWOOD FL 33024

Mailing Address

6067 HOLLYWOOD BLVD HOLLYWOOD FL 33024

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90125 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

								09/25/1995		,				
2. Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number			Applied	For		
5701 :	STIRLING ROAD	26	26 5701 STIRLING ROAD					65-0 <u>616769</u>		Not Applicable				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	_	\$8.75				
27										Fee Required				
City & State	9	L,	City & State					<ol><li>Election Campaign Financing</li></ol>			0 мау			
23 DAVIE	, FLORIDA		AVIE, FLORIDA				Trust Fund Contribution Added to Fees							
Zip	Country	Zip Country				8. This corporation owes the current year Intangible								
<b>24</b> 33314·	-7431 <b>25</b> U.S.A.	29	33314-7431	30 U.	S.	A		Personal Property Tax.		X Yes	N	0		
	9. Name and Address of Current F	₹egis	stered Agent					10. Name and Address of New Reg	istered A	gent				
8						Name								
SIMON, DONALD						82 Street Address (P.O. Box Number is Not Acceptable)								
6067 HOLLYWOOD BLVD						5701 STIRLING ROAD								
HOLLYWOOD FL 33024														
					84	City				85 Zi	p Code			
							E FL   s					33314		
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statul	tes, the a	bove	a-named co	more	ation submits this statement for the pu	rpose of o	hanging	its regis	tered		
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Flori	da. Such change was a	authorize	1 by	tne corpora	tion'	is board of directors. I hereby accept t	ne appoin	iment as	registe	ea		
=	птантнаг with, ани ассерт те овнувно	113 ()	, addition our toods, rik	, ida otal		•								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE	E: Registere	i Agen	nt signature requ	ured w	/hen reinstating)	DATE					
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIREC	TORS I	N 12		
TITLE	PD		☐ DELETE	1.1 T	TLE					X Chang	e [	] Addition		
NAME.	ROSNER, JEFFREY			1.2 N	AME									
STREET ADDRESS	6067 HOLLYWOOD BLVD			138	TREET	TADDRESS	57	01 STIRLING ROAD						
	HOLLYWOOD FL 33024				ITY-S		DA	VIE, FLORIDA 33314						
CITY-ST-ZIP			☐ DELETE	2.1 T		1-ZIP		<u> </u>	*	X Chang	e [	Addition		
TITLE	VD										_	-		
NAME	SCHLESINGER, LES			2.2 NAME 5.7		57	701 STIRLING ROAD							
STREET ADDRESS	6067 HOLLYWOOD BLVD			DA			VIE, FLORIDA 33314							
CITY-ST-ZIP	HOLLYWOOD FL 33024			_		ST-ZIP		VIB, THORISI 3331		1 Chang	<u>,                                    </u>	Addition		
TITLE	SD		□ DELETE	: 3.1 T	TLE					X_ Criang	е _	JAddidon		
NAME	SIMON, DONALD			3 2 N	AME			OI GETTE TWO DOAD						
STREET ADORESS	6067 HOLLYWOOD BLVD		3.3 S	3'3 2 LKEE   WDDKE39			01 STIRLING ROAD							
CITY-ST-ZIP	HOLLYWOOD FL 33024			3.4. 0	HTY-9	ST-ZIP	DA	VIE, FLORIDA 33314						
TITLE	T		☐ DELETE	4.1 T	TLE					T Chang	ie [	Addition		
NAME.	SUTTON, RANDY			4.21	AME									
STREET ADDRESS	6067 HOLLYWOOD BLVD		4.3 S	4.3 STREET ADDRESS 57			O1 STIRLING ROAD							
CITY-ST-ZIP	HOLLYWOOD FL 33024			4.4 C	ITY-S'	T-ZIP	DA'	VIE, FLORIDA 33314						
TITLE			☐ DELETE	5.1 T						Chang	je 🗀	Addition		
NAME				5.2 N	AME									
				5.3 S	TREE	TADDRESS								
STREET ADDRESS					ITY-S									
CITY-ST-ZIP			☐ DELETÉ	6.1 T					-	Chang	е Г	Addition		
TITLE			₩ DELETE	6.2 N							_			
NAME						TADDOFCC								
STREET ADDRESS						T ADDRESS								
CITY-ST-ZIP					ITY-S				41	E. M. 1.22	- 1-F			
14. I hereby o	certify that the information supplied with	this	filing does not qualify for	or the exe	mpt	ion stated in	n Sed	ction 119.07(3)(i), Florida Statutes. I to	utner cert	ny that th roath∵th	e iniorn at Lam	าลแอก ลก		

indicated on this annual people of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it affiliates of 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 or Block 14 or Block 15 or Block 15

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY D. SUTTON

4/30/99

(954) 316-5200 Daytime Phone #