

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90092 041 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093112

1. Corporation Name  
**J. B. WILLIAMS & COMPANY INSURANCE UNDERWRITERS, INC.**

Principal Place of Business <b>2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020</b>	Mailing Address <b>2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/07/1995</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0636103</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANELLA, ROSS  
2500 HOLLYWOOD BLVD.  
STE 212  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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  **Ross H. Manella Esq.**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BERG, JOEL A</b>		1.2 NAME	
STREET ADDRESS <b>1500 CORDOVA ROAD, SUITE 306</b>		1.3 STREET ADDRESS <b>1640 W. Oakland Park Blvd. #304</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33316</b>		1.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL. 33311</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WILLIAMS, DAVID A</b>		2.2 NAME	
STREET ADDRESS <b>1500 CORDOVA ROAD, SUITE 306</b>		2.3 STREET ADDRESS <b>1640 W. Oakland Park Blvd. Ste #304</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33316</b>		2.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL. 33311</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BERG, ROBERT B</b>		3.2 NAME	
STREET ADDRESS <b>1500 CORDOVA ROAD, SUITE 306</b>		3.3 STREET ADDRESS <b>1640 W. Oakland Park Blvd. Ste #304</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33316</b>		3.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL. 33311</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **Joel A. Berg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/12/99**

Daytime Phone # **954 925 3355**

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