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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000004713 (9)

1. Corporation Name
NORTHWEST INSURANCE, INC.



Principal Place of Business
101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE FL 32302-0229

Mailing Address
101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE FL 32301-1546

3. Date Incorporated or Qualified 01/16/1996
3a. Date of Last Report

2. Principal Place of Business
21 1 N.E. 167TH ST
Suite, Apt. #, etc.

2a. Mailing Address
26 1 N.E. 167TH ST
Suite, Apt. #, etc.

4. FEI Number 65-0634700
Applied For Not Applicable

22 City & State
23 NORTH MIAMI BCH, FL

27 City & State
28 NORTH MIAM BCH FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33162 25 USA

29 33162 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLOWAY, CLYDE W JR.
101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE FL 32302-0229

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 reissuing) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE ☐ DELETE
1.2 NAME JOSEPH, MARTIN W
1.3 STREET ADDRESS 1000 ISLAND BOULEVARD, APT. 1003
1.4 CITY-ST-ZIP WILLIAMS ISLAND FL 33160
2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT, SECRETARY & TREAS. ☐ Change ☒ Addition
1.2 NAME JOSEPH, MARTIN W
1.3 STREET ADDRESS 1000 ISLAND BLVD APT 1003
1.4 CITY-ST-ZIP WILLIAMS ISLAND, FL 33160
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 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 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: Martin W. Joseph MARTIN W. JOSEPH 4-29-97 325-652-9700

CR2E034 (9/96)