


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000012287
 1. Entity Name
 FK INSURANCE CORP.



Principal Place of Business 20660 W. DIXIE HWY NORTH MIAMI BEACH, FL 33180 US	Mailing Address 301 YAMATO ROAD 2100 BOCA RATON, FL 33431 US
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0647419	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SELIGSOHN, MICHAEL
 79 NW 108 TERR
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINSILVER, PAUL 20660 W DIXIE HWY NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLOTZ, JAMES 20660 W. DIXIE HWY MIAMI, FL 33180
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 02/19/05-80025-001 158.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, or in all other like empowered.

SIGNATURE: _____ Date: 2/17/05 Daytime Phone #: 561-368-5284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR