

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012287

Entity Name: FK INSURANCE CORP.

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

20660 W. DIXIE HWY  
NORTH MIAMI BEACH, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

4775 TECHNOLOGY WAY  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 65-0647419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SELIGSOHN, MICHAEL  
4775 TECHNOLOGY WAY  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FEINSILVER, PAUL  
Address: 20660 W DIXIE HWY  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: STD  
Name: KLOTZ, JAMES  
Address: 20660 W. DIXIE HWY  
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL FEINSILVER

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date