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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000014324**

1. Corporation Name

1999

		<u></u>		
Principal Place of Business		Mailing Address		
	v 00	800 FAIRWAY DR.		

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90003 041 ***150.00

VILLARI IN	ISURANCE GROUP, INC.							
Principal Place (of Business	Mailing Address						
800 FAIRWAY DR		800 FAIRWAY DR.			,			
DEERFIELD BEACH FL 33431 DEERFIELD BEACH FL 33431				DO NOT WRITE IN THIS		RITE IN THIS SPA	ACE.	
	•				3. Date Incorporated or Qualif	ed		· [
					02/12/1996			
Principal Plan	ce of Business	2a. Mailing Address			4. FEI Number			ed For
2, Fillicipai Fia: 21	 	26			65-0654643	<u>:</u>		Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆 🤚	8.75 Ad Fee Req	
22		27			Lair San Carrelle Financia		\$5.00 M	
City & State		City & State			6. Election Campaign Financia Trust Fund Contribution	ng 🗆	Added to	
23		28	Countr		8. This corporation owes the o	current year Intangi		
Zip	Country	Zip	30	7	Personal Property Tax.	니	Yes L]No
24	9. Name and Address of Current		70		10. Name and Address of Ne	w Registered Age	nt	
	9, Name and Address of Curren	(Noglaterou. Agent	8	1 Name				
TILLE	Y, MICHAEL R	• •	8:	2 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
2000	GLADES RD., STE. 208		*	2 Suger Addi	The state of the s	e 12 - 14 DW 24 1 W	0 4 2 2 20 11 0 4 2 2 20 11	ay <u>time dar</u> Lakeriat ente
	RATON FL 33431		8	3	- 15.武法特别	· 图像: 数图例		
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	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga					FL	خيجات	
12.		ID DIRECTORS	13.	- 	ADDITIONS/CHANGES TO	CLLICEKS WIND	Change	Addition
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CITY-ST-ZIP	DEERFIELD BEACH FL			'-ST-ZIP				
TITLE		☐ DELETE		_ !			Change	☐ Addition
NAME	•	—	2.1 TITU	1] Change	Addition
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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: