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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P96000026047**1. Corporation Name STATE NO-FAULT INSURANCE OF KISSIMMEE, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90054 011 ***150.00



Principal Place of Business	3. Date Incorporated or Qualifed 03/15/1996 4. FEI Number
Casses C	3. Date Incorporated or Qualifed 03/15/1996 4. FEI Number Applied For 59-3377901 Not Applicable 5. Catifacts of Status Posited \$8.75 Additional
US DO NOT WRITER IN THIS SPACE 3. Date Incorporated or Challed 33/15/1998 2. Principal Place of Business 2. A Mailing Address 2. Electrophysics 3. Date Incorporated or Challed 33/15/1998 3. Suils, Apt. #, etc. 3. Suils, Apt. #, etc. 5. Suils, Apt. #, etc. 5. Suils, Apt. #, etc. 5. Certificate of Shuttup Desired \$8.75 Addition \$9.75 Additio	3. Date Incorporated or Qualifed 03/15/1996 4. FEI Number Applied For 59-3377901 Not Applicable 5. Catifacts of Status Posited \$8.75 Additional
3. Data incorporated or Qualified O3/15/1998 2. Principal Place of Business 2. Applied F 28	3. Date Incorporated or Qualifed 03/15/1996 4. FEI Number Applied For 59-3377901 Not Applicable 5. Catifacts of Status Posited \$8.75 Additional
Clysty 1998 Clysty 1998 Clysty 28 Clysty 28 Clysty 3 Clysty 29 C	03/15/1996 4. FEI Number
2. Principal Place of Business 2a. Mailling Address 4. FEI Number 59-3377901 Non Applied For Non App	4. FEI Number Applied For S9-3377901 Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Ap	\$8.75 Additional
City & State) E. Codificate of Ptetus Degised
City & State	Fee Required
Zip Country Zip Country Sip Solon Solon Country Sip Solon Solon Country Sip Solon So	
Zip Country Zip Country Zip Country R. This corporation was the current year intangible Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Ad	
9. Name and Address of Current Registered Agent VICKERY, MARK A 4051 S. US HWY 17-92 CASSELBERRY FL 32707 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent, are both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 67,5005, Florids Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TITLE 12 NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TITLE 12 NAME 13. STREET ADDRESS DALY, FRANK P III 12. PASSET ADDRESS DALY, FRANK P III 12. AUTY-ST-2P TILE 13. TITLE 14. TITLE 15. TITLE 10. Change 14. TITLE 15. TITLE 16. Change 17. SALERNO F L 18. ALTAMONTE SPRINGS F L 32718 18. ALTAMONTE SPRINGS F L 32718 19. Change 19. AUTY-ST-2P 19. DELETE 19. TITLE 19. Change 19. AUTY-ST-2P 19. DELETE 19. TITLE 19. Change 19. AUTY-ST-2P 19. Change 19. AUTY-ST-2P 19. TITLE 19. Change 19. AUTY-ST-2P 19. Change 19. AUTY-ST-2P 19. AUTY-ST-2P 19. Change 19. AUTY-ST-2P 1	
9. Name and Address of Current Registered Agent VICKERY, MARK A 4051 S. US HWY 17-92 CASSELBERRY FL 32707 84 City FL 85 Zip Code office or registered agent, or both size of Florida. Such change wast authorized 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 agent, or both size of Florida. Such change wast authorized to the provision and accept the obligations of, Section 607 0505, Plorida Statutes. SIGNATURE SQUARMS, Plantillar With, and accept the obligations of, Section 607 0505, Plorida Statutes. MOFF: Registered Agent Age	
VICKERY, MARK A 4051 S. US HWY 17-92 CASSELBERRY FL 32707 82 83 84 City FL 85 Zip Code 83 84 City FL 85 Zip Code 85 Signature, speed or presidence of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registion of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in a military with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DALY, FRANK P II 12NAME DALY, FRANK P II 12NAME 13 STREET ADDRESS PT. SALERNO FL 14 TITLE 12 TITLE 13 TITLE 14 TITLE 14 TITLE 15 TITLE 15 TITLE 16 Change 17 Change 19 WAS STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 19 STREET ADDRESS ALTAMONTE SPRINGS FL 32718 19 CHANGE	30 Telsonal Toperty Tux.
VICKERY, MARK A 4051 S. US HWY 17-92 CASSELBERRY FL 32707 84 City FL 85 Zip Code 17. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registion of 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 registere agent, and immited with, and accept the obligations of, Section 607, 0505, Florida Statutes. SIGNATURE Signature, typed or presed runne or registered acts in Englistance. (NOTE: Registered Agent signature required when retritation) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11THE 12. NAME 13. STREET ADDRESS NOTE: ST. 2P VICKERY, MARK A 13. STREET ADDRESS VICKERY, MARK A 13. STREET ADDRESS VICKERY, MARK A 22. STREET ADDRESS VICKERY, MARK A 33. STREET ADDRESS VICKERY ADDRESS VICKERY, MARK A 33. STREET ADDRESS VICKERY, MARK A 34. CITY, ST. ZP VICKERY, MARK A 35. STREET ADDRESS VICKERY, MA	
A651 S. US HWY 17-92 CASSELBERRY FL 32707 83	
AND TITLE DALY, FRANK P II DALY, FRANK P II P.O. BOX 1096 N/A PT. SALERNO FL. DALY, FRANK P II DALY, FRANK P	82 Street Address (P.O. Box Number is Not Acceptable)
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 register agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent a	83
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 register agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of Sections 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent a	84 City 85 Zip Code
office or registered agent, or both, in the State of Florida, Suction 607, Section	FL
12. OFFICERS AND DIRECTORS TITLE DALY, FRANK P III P.O. BOX 1096 N/A PT. SALERNO FL TITLE D VICKERY, MARK A SITRET ADDRESS STREET ADDRES	orida Statutes.
D	2. Agastot - garage -
DALY, FRANK P III P.O. BOX 1096 N/A PT. SALERNO FL THE UCKERY, MARK A STREET ADDRESS -305 SPRING LAKE HILLS DR. ALTAMONTE SPRINGS FL 32718 THE UAME JACTIV-ST-ZIP THE JALENDRESS ALTAMONTE SPRINGS FL 32718 THE JALENDRESS THY-ST-ZIP THE JALENDRESS THY-ST-ZIP THE JALENDRESS THY-ST-ZIP JALENDRESS THY-ST-ZIP JACTIV-ST-ZIP JALENDRESS THY-ST-ZIP JALENDRESS THY-ST-ZIP JACTIV-ST-ZIP JALENDRESS THY-ST-ZIP JALENDRESS STREET ADDRESS STR	Channe Cl Addition
STREET ADDRESS PT. SALERNO FL TITLE D D DELETE D D DELETE D D D D D D D D D D D D D D D D D D	
1.4 CITY-ST-ZIP	
D	
VICKERY, MARK A 22 NAME	DOb DAddition
ALTAMONTE SPRINGS FL 32718 2.4 CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ITILE VAME 5.1 ITILE Change	
Change C	2.3 STREET ADDRESS
	2.4 CITY- ST- ZIP
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change	3.1 TITLE Change Addition
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	3.2 NAME
34. CITY-ST-ZIP 34. CITY-ST-ZIP 1 TITLE Change 1 TITLE C	3.3 STREET ADDRESS
DELETE	
### ### ##############################	4.1 TITLE Change Addition
A CITY-ST-ZIP	4.2 NAME
DELETE DELETE S.1 TITLE Change NAME S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP DELETE DELETE G.1 TITLE Change NAME S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP DELETE G.1 TITLE Change NAME G.2 NAME G.3 STREET ADDRESS G.3	4.3 STREET ADDRESS
SAME SAME SAME SAME SAME SAME	
5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	5.1 TITLE Change Addition
5.4 CITY-ST-ZIP	
DELETE 6.1 TITLE Change AME	5.3 STREET ADDRESS
NAME 6.2 NAME 6.3 STREET ADDRESS	_ `
G 3 STDEET ANDESS	6.1 TITLE Change Addition
6.3 STREET ADDRESS	6.2 NAME
STREET ADDRESS 033 MLET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Fortign Statutes I further certify that the information of the control of the contro	

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 informational 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, profile an attachment with an address, with all other like empowered.

SIGNATURE:

(407)831.6011