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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033520

1. Corporation Name

HURRICANE EVALUATION LOSS PREVENTION INC.

Principal Place of Business	Mailing Address
3884 PROGRESS AVE NAPLES FL 34104 US	1520 ROYAL PALM SO BLVD SUITE 300 FT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/15/1996

4. FEI Number
65-0663706 — Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YORK, WILLIAM H 2205 NOBLE CT. NAPLES FL 34110	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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME YORK, WILLIAM H		1.2 NAME	
STREET ADDRESS 3884 PROGRESS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34104		1.4 CITY-ST-ZIP	
TITLE S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME GEHRING, EDWARD J		2.2 NAME	
STREET ADDRESS 3884 PROGRESS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34104		2.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BARANY, JOSEPH A		3.2 NAME	
STREET ADDRESS 1520 ROYAL PALM SQUARE		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		3.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME SCHMITT, EUGENE C		4.2 NAME	
STREET ADDRESS 1520 ROYAL PALM SQUARE		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		4.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME WEAVER, RONALD L		5.2 NAME	
STREET ADDRESS 1520 ROYAL PALM SQUARE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		5.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME LAMERS, KENNETH		6.2 NAME	
STREET ADDRESS 1520 ROYAL PALM SQUARE		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		6.4 CITY-ST-ZIP	

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: _____   4-6-99   941-435-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)