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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000036537 (4)

1. Corporation Name

A ABACUS INSURANCE ASSOCIATES, INC.

Principal Place of Business

1300 NW FEDERAL HWY  
STUART FL 34994  
US

Mailing Address

1300 NW FEDERAL HWY  
STUART FL 34994  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1996

4. FEI Number

65-0659000 52-204 0007

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 10814 S. US Hwy 1  
Suite, Apt. #, etc.

2a. Mailing Address

26 Same  
Suite, Apt. #, etc.

22 City & State

23 Port St Lucie, FL

24 Zip

25 Country

27 City & State

28 Port St Lucie, FL

29 Zip

30 Country

9. Name and Address of Current Registered Agent

NJONI, MEREDITH  
1285 SE P.S.L. BLVD.  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

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

TITLE D  
NAME NJONI, MEREDITH  
STREET ADDRESS 1285 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL ☐ DELETE

TITLE D  
NAME ZIEMBA, MARY  
STREET ADDRESS 1285 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

TITLE D  
NAME MADDEN, JOSEPH  
STREET ADDRESS 2771 NE OAKLAND PARK BOULEVARD  
CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Meredith Njoni

CR2E034 (10/97)