

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90089 031 ***158.75

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1. Corporation Name

FLORIDA'S INSURANCE CONNECTION, INC.

Principal Place of Business

545 WEST INDIANTOWN ROAD
JUPITER FL 33458

Mailing Address

545 WEST INDIANTOWN ROAD
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

65-0673544

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATTS, KENNETH~~ TRAVERS, CHICKIE
545 WEST INDIANTOWN ROAD
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34990

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

4/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME ~~WATTS, KENNETH~~ TRAVERS, CHICKIE
STREET ADDRESS 1000 N. US 1 BERMUDA, SUITE 203
CITY-ST-ZIP JUPITER FL 33477

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME CHICKIE D TRAVERS
1.3 STREET ADDRESS 4947 SE SALVORTI Rd
1.4 CITY-ST-ZIP STUART, FLA. 34997

TITLE V ☐ DELETE
NAME TRAVERS, CLAYTON R
STREET ADDRESS 901 S.E. PINE TREE LANE
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE S ☐ DELETE
NAME TRAVERS, CLAYTON R JR.
STREET ADDRESS 2328 S.E. HARRISON STREET
CITY-ST-ZIP STUART FL 34997

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

TITLE T ☐ DELETE
NAME ERS, TIMOTHY T
STREET ADDRESS 4500 LIME STREET
CITY-ST-ZIP COCOA BEACH FL 32926

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

TITLE D ☐ DELETE
NAME TIDWELL, STEVE
STREET ADDRESS 901 S.E. PINE TREE LANE
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Signature and typed or printed name of signing officer or director

4/13/99 (561) 748-0073
Date Daytime Phone #

CR2E034 (11/98)