

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 # P96000043857

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

WATTS, KENNETH TRAVERS, CHERRIE  
545 WEST INDIANTOWN ROAD  
JUPITER FL 33458

81 Name *Clayton R. TRAVERS*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*301 Pine Tree Lane*  
83  
84 City *Palm 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 *Cherie D. Travers*

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

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

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

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

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

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  Change  Addition  
1.2 NAME *Cherie D TRAVERS*  
1.3 STREET ADDRESS *4947 S.E. SALVORT Rd*  
1.4 CITY-ST-ZIP *STUART, FLA. 34997*

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

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

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: *Cherie D. Travers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

04-19-1999 90089 031 \*\*\*158.75



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  \$8.75 Additional Fee Required

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

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

CR2E034 (11/98)