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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045490 (5)

1. Corporation Name

FLORIDA HEALTH UNDERWRITER'S, INC.



Principal Place of Business

Mailing Address

991 N BARFIELD DRIVE #201
MARCO ISLAND FL 33937

991 N BARFIELD DRIVE #201
MARCO ISLAND FL 34145-2331

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 1240 LAUREL CT
Suite, Apt. #, etc.

2a. Mailing Address

26 1240 LAUREL CT.
Suite, Apt. #, etc.

4. FEI Number

65-0673239

Applied For

Not Applicable

22

City & State

23 MARCO ISLAND FL

27

City & State

28 MARCO ISLAND FL

24

Zip

Country

34145 COLLIER

29

Zip

34145

Country

30 COLLIER

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METZLER, ROBERT
991 N BARFIELD DRIVE #201
MARCO ISLAND FL 33937

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

4-24-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME METZLER, ROBERT
STREET ADDRESS 991 N BARFIELD DRIVE #201
CITY-ST-ZIP MARCO ISLAND FL 33937

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do 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

Robert Metzler

ROBERT METZLER

4-14-97

941-384 7855

CR2E034 (9/96)