

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
• 1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # P96000046207 (2)

1. Corporation Name

FLORIDA SELECT INSURANCE COMPANY

Principal Place of Business

C/O PANZA MAURER MAYNARD & NEEL PA
215 S MONROE STREET STE 320
TALLAHASSEE FL 32301

Mailing Address

C/O PANZA MAURER MAYNARD & NEEL PA
215 S MONROE STREET STE 320
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1996
3a. Date of Last Report

4. FEI Number 59-3390361
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 1680 Fruitville Road

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Sarasota FL

Zip

24 34236

Country

2a. Mailing Address

26 P.O. Box 49768

Suite, Apt. #, etc.

27

City & State

28 Sarasota FL

Zip

29 34230

Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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, and the corporation's board of directors 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 ☐ DELETE

NAME D MIZEL, ADAM M
STREET ADDRESS 100 W 89 STREET PH5
CITY-ST-ZIP NEW YORK NY 10024

TITLE ☐ DELETE

NAME D WASSERMAN, DAVID L
STREET ADDRESS 14 CABRIOLET LANE
CITY-ST-ZIP MELVILLE NY 11747

TITLE ☐ DELETE

NAME D VAN GILDER, G T
STREET ADDRESS 1884 DORIS DRIVE
CITY-ST-ZIP MENLO PARK CA 94025

TITLE ☐ DELETE

NAME D KARL, FREDERICK B
STREET ADDRESS 859 SEDDON COVE WAY
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P Fitzpatrick, John H
1.3 STREET ADDRESS 1400 American Lane 12th Floor
1.4 CITY-ST-ZIP Schaumburg, IL 60173

2.1 TITLE S/T ☐ Change ☒ Addition

2.2 NAME Nergaard, Diane
2.3 STREET ADDRESS 1 Chase Manhattan Plaza
2.4 CITY-ST-ZIP New York NY 10005

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Lefler, W. Michael
3.3 STREET ADDRESS 1680 Fruitville Road Suite 300
3.4 CITY-ST-ZIP Sarasota FL 34230

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

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***550.00

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 amendment with an address.

SIGNATURE

m. b. Lefler

8/21/97

CR2E034 (4/97)