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.)

CORPORATION ANNUAL REPORT

· 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046207 (2)

FLORIDA SELECT INSURANCE COMPANY

Principal Place of Business

C/A DANZA MANDED MAVMADO & NECI DA

Mailing Address

CAN DAMPA MANDED MAYNADO P MECI DA

FILED Sep 16 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 05/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Requirec City & State City & State City & State Sarasota F1 Zip Country Sa. Date of Last Report Applied For Applied For Sunt Applicable Source Applicable State 5. Certificate of Status Desired Fee Requirec Fee Requirec Fee Requirec Sarasota F1 Zip Country Zip Country Sarasota F1 Country Sarasota F1 Sarasota F1 Sarasota F1 Country Sarasota F1 Sarasota F1 Sarasota F1 Country Sarasota F1 Sarasota F1 Sarasota F1 Sarasota F1 Country Sarasota F1 Sar	215 8 MONROE STREET STE 320		215 S MONROE STREET STE 320			EL FA	DO NOT WRITE IN	THIS SPACE	
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10, Name and Address of Ourrent Registered Agent	24 34236	`		30	Personal Property Tax due June 30. Yes No				
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THILE	Signature, typed or printed nank of registered agent and little if applicable (NOTE Register					nt signature r	equired when reinstating)	DATE	
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44 I do barabu earlier that the information cumplied with this tiling does not quality for the examplion stated in Section 119 (1/13/1). Florida Statidas, I further certify that the	CITY-ST-ZIP	ou portify that the information cumples	Lwith this filing does not quali	64 Cit	Y-S	T-ZIP		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 trusted 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 appear myth an address.