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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000046207 (2)

1. Corporation Name

FLORIDA SELECT INSURANCE COMPANY



Principal Place of Business

Mailing Address

1680 FRUITVILLE ROAD
SUITE 300
SARASOTA FL 34236

P.O. BOX 49768
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3390361

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

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

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Dillender, Richard
1.3 STREET ADDRESS 1680 Fruitville Road, Suite 404
1.4 CITY-ST-ZIP Sarasota FL 34236

TITLE D ☐ DELETE

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

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Lefler, Michael W
2.3 STREET ADDRESS 1680 Fruitville Road, Suite 404
2.4 CITY-ST-ZIP Sarasota FL 34236

TITLE D ☒ DELETE

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

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Cote, John
3.3 STREET ADDRESS 1680 Fruitville Road, Suite 404
3.4 CITY-ST-ZIP Sarasota FL 34236

TITLE D ☐ DELETE

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

4.1 TITLE T V ☐ Change ☒ Addition

4.2 NAME Espino, Ricardo A
4.3 STREET ADDRESS 1680 Fruitville Road, Suite 404
4.4 CITY-ST-ZIP Sarasota FL 34236

TITLE P ☐ DELETE

NAME FITZPATRICK, JOHN H
STREET ADDRESS 1400 AMERICAN LANE, 12TH FLOOR
CITY-ST-ZIP SCHAUMBURG IL 60173

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Fitzpatrick, John H.
5.3 STREET ADDRESS Freigutstr. 16 PO Box 4288
5.4 CITY-ST-ZIP Zurich 8022 Switzerland

TITLE ST ☒ DELETE

NAME NERGAARD, DIANE
STREET ADDRESS 1 CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005

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.

SIGNATURE *Richard A. Lefler* *Richard A. Lefler* *4/14/98* *(Signature)*

CR2E034 (10/97)