

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90134 029 \*\*\*150.00

**DOCUMENT # P96000046207**

1. Corporation Name

**FLORIDA SELECT INSURANCE COMPANY**



Principal Place of Business

**1680 FRUITVILLE ROAD  
SUITE 300  
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 49768  
SARASOTA FL 34230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/29/1996**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 1819 Main St.**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**22 Suite 700**

**27 Suite, Apt. #, etc.**

City & State

**23 Sarasota, FL**

City & State

**28 Sarasota, FL**

Zip

**24 34236**

Country

**25**

Zip

**29 34236**

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. 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

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 **V COTE, J**  
STREET ADDRESS **1680 FRUITVILLE RD, STE 404**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **P DILLENDER, R**  
STREET ADDRESS **1680 FRUITVILLE RD, STE 404**  
CITY-ST-ZIP **SARASOTA FL 34236**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **(SEE ATTACHED)**

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 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:

**SIGNATURE REQUIRED**  
**Richard A. Espino**

**4/12/99**

**(441) 906-2241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

P96 000046207

401068-90134-29

**FLORIDA SELECT INSURANCE COMPANY**  
**PROFIT CORPORATION ANNUAL REPORT 1999**

**FEI# 59-3390361**

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE	V * CHANGE
1.2 NAME	COTE, JOHN A.
1.3 STREET ADDRESS	1819 MAIN ST. SUITE 700
1.4 CITY-ST-ZIP	SARASOTA, FL 34236
1.1 TITLE	D * CHANGE
1.2 NAME	FITZPATRICK, JOHN H.
1.3 STREET ADDRESS	GUGGERSTRASSE 20
1.4 CITY-ST-ZIP	ZOLLIKON, SW CH8702
1.1 TITLE	P/D * ADDITION
1.2 NAME	KORDUCKI, STEPHEN A.
1.3 STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 44TH FLOOR
1.4 CITY-ST-ZIP	NEW YORK, NY 10005
1.1 TITLE	V * ADDITION
1.2 NAME	LEFLER, WALTER M.
1.3 STREET ADDRESS	1819 MAIN ST. SUITE 700
1.4 CITY-ST-ZIP	SARASOTA, FL 34236
1.1 TITLE	V/T * ADDITION
1.2 NAME	ESPINO, RICARDO A.
1.3 STREET ADDRESS	1819 MAIN ST. SUITE 700
1.4 CITY-ST-ZIP	SARASOTA, FL 34236
1.1 TITLE	D * ADDITION
1.2 NAME	WATKINS, DAVID J.
1.3 STREET ADDRESS	500 5TH AVENUE, SUITE 440
1.4 CITY-ST-ZIP	NEW YORK, NY 10110
1.1 TITLE	D * ADDITION
1.2 NAME	SMITH, JANE S
1.3 STREET ADDRESS	ONE PMSC CENTER, US 21 N
1.4 CITY-ST-ZIP	BLYTHEWOOD, SC 29016
1.1 TITLE	S * ADDITION
1.2 NAME	LEWKIEWICZ, CYNTHIA J.
1.3 STREET ADDRESS	ONE CHASE MANHATTAN PLAZA, 44TH FLOOR
1.4 CITY-ST-ZIP	NEW YORK, NY 10005