## 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

## DOCUMENT # P96000052542

FLORIDA GULF SHORE INSURANCE, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90010 029 \*\*\*150.00



Principal Place	e of Business	Maining Address				· .		
900 CLEVELAN ORT MYERS F	3900 CLEVELAND AVENUE FORT MYERS FL 33901				DO NOT WRITE IN THIS SPACE			
	, se							
						3. Date Incorporated or Qualifed 06/18/1996		
2. Principal Place of Business 2a. Mailing Address							Applied For	3.3
- 1 Milopai 1 Mass of Massiver						65-0676367	Not Applicable	30545.13
Suite Ant # etc Suite, Apt. #, etc.						\$8.75	Additional	3.
Suite, Apt. #, etc. Suite, Apt. #, etc.						F Cariffactor of Ctotus Desired	Required	
City & State	Α	City & State				6. Election Campaign Financing 55.0	May Be	
J	-	28					d to Fees	
3 <u>7:0</u>	Country	Zip	Count	trv		8. This corporation owes the current year Intangible		
Zip ¬				,		Personal Property Tax.	No	
4	25		<u>''</u>			10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered Agent		B1 N	lama.	10. Italie alla Addicas di Itali (155-151-151-151-151-151-151-151-151-151		
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HOWARD, MARTY A 3900 CLEVELAND AVENUE FORT MYERS FL 33901			82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)		
			Ī	84 C	City		p Code!	
		00 COZ 4EOR Electo Statutos	the ab	000 0	amed cor	poration submits this statement for the purpose of changing	its registered	
					corporati	ion's board of directors. I hereby accept the appointment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statut	tes.			í	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Re	egistered A	gent sig	nature requir	red when reinstating) . DATE		8
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC		(11/98
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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 of filistee 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: