

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

98 SEP -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000056683**
1. Corporation Name

ASSOCIATED INSURANCE UNDERWRITERS, INC.

Principal Place of Business Mailing Address

**706 W. Boyton Beach Blvd
Suite 110
Boyton Beach, FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/96

2. Principal Place of Business 2a. Mailing Address

21 **5600 Mariner St.**

26

4. FEI Number

65-0679569

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 210**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **Tampa, FL**

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33609-3417**

Country

USA

Zip

29

Country

30

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

**Thomas A. Barba III
706 W. Boyton Beach Blvd
Suite 110
Boyton Beach, FL 33426**

10. Name and Address of New Registered Agent

81 Name **Mark Moravy**
82 Street Address (P.O. Box Number is Not Acceptable)
**5600 Mariner St.
Suite 210**
83
84 City **Tampa** FL 85 Zip Code **33609-3417**

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]

MARK MORAVY

9/31/98

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **Pres., Sec'y, Treasurer** DELETE
NAME **THOMAS A. BARBA III**
STREET ADDRESS **706 W. Boyton Beach Blvd. Ste 110**
CITY-ST-ZIP **Boyton Beach, FL 33426**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Pres., Sec'y, Treasurer** Change Addition
1.2 NAME **Mark Moravy**
1.3 STREET ADDRESS **5600 Mariner St., Suite 210**
1.4 CITY-ST-ZIP **Tampa, FL 33609-3417**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

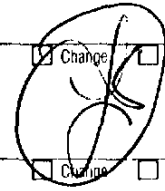
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

**100002635401--8
-09/09/98--01043--024
****558.75 ****558.75**



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 *[Signature]*

MARK MORAVY 9/31/98

CR2E034 (10/97)