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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90113 035 \*\*\*150.00

DOCUMENT # P96000060685

1. Corporation Name

FLORIDA SELECT INSURANCE AGENCY INC.

Principal Place of Business

1680 FRUITVILLE ROAD  
SUITE 300  
SARASOTA FL 34236

Mailing Address

P.O. BOX 1118  
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

59-3390357

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.

Suite, Apt. #, etc.

22 Suite 700

Suite, Apt. #, etc.

27 Suite 700

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34236

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PARSONS, STAN  
1114 SANDRINGHAM DRIVE  
TALLAHASSEE FL 32308

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 P ☐ DELETE

NAME FITZPATRICK, JOHN H  
STREET ADDRESS FREIGUTSTR 16 PO BOX 4288  
CITY-ST-ZIP ZURICH 80 60173

TITLE S ☐ DELETE

NAME LENKIEWICZ, CINDY  
STREET ADDRESS 1 CHASE MANHATTAN PLAZA  
CITY-ST-ZIP NY NY 10005

TITLE P ☐ DELETE

NAME LEFLER, MICHEAL W  
STREET ADDRESS 1680 FRUITVILLE ROAD, SUITE 300  
CITY-ST-ZIP SARASOTA FL 34236

TITLE VT ☐ DELETE

NAME ESPINO, R A  
STREET ADDRESS 1680 FRUITVILLE RD, STE 404  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Fitzpatrick, John H.  
1.3 STREET ADDRESS Guggenstrasse 20  
1.4 CITY-ST-ZIP Zollikon, SW CH8702

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Lefler, Walter M.  
2.3 STREET ADDRESS 1819 Main St. Suite 700  
2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME V/T Espino, Ricardo A.  
3.3 STREET ADDRESS 1819 Main St. Suite 700  
3.4 CITY-ST-ZIP Sarasota, FL 34236

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Korducki, Stephen A.  
4.3 STREET ADDRESS One Chase Manhattan Plaza, 44th Floor  
4.4 CITY-ST-ZIP New York, NY 10005

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Watkins, David J.  
5.3 STREET ADDRESS 500 5th Avenue, Suite 440  
5.4 CITY-ST-ZIP New York, NY 10110

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Smith, Jane S.  
6.3 STREET ADDRESS One PMSC Center, US 21 N  
6.4 CITY-ST-ZIP Blythewood, SC 29016

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

A. Espino

Date

4/12/99

Daytime Phone #

(941) 906-2261

0470250

CR25034 (11/98)