

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

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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90109 014 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P96000061218

1. Corporation Name  
CITYWIDE INSURANCE SERVICES, INC.



Principal Place of Business  
P. O. BOX 5347  
FORT LAUDERDALE FL 33310  
US

Mailing Address  
P. O. BOX 5347  
FORT LAUDERDALE FL 33310  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4161 NW 5 Street		26 Suite, Apt. #, etc.		07/23/1996	
22 City & State		27 City & State		4. FEI Number	
23 Plantation FL		28 Zip		65-0679513	
24 33317		25 USA		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes the current year intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOYLE, PATRICK D 4161 N.W. 5TH STREET PLANTATION FL 33317		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	LAWSON, EDWARD J	1.2 NAME	see Attachment +
STREET ADDRESS	2107 S ANDREWS AVE	1.3 STREET ADDRESS	for all changes/Add.
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	Change Addition
NAME	SANDLER, ROBERT A	2.2 NAME	
STREET ADDRESS	2107 S ANDREWS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	RAYMOND, RONALD A	3.2 NAME	
STREET ADDRESS	2107 S ANDREWS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	TD Michele	4.1 TITLE	Change Addition
NAME	LAWSON, MICHELLE V	4.2 NAME	
STREET ADDRESS	2107 S ANDREWS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	SIMBERG, BRUCE F.	5.2 NAME	
STREET ADDRESS	2107 S ANDREWS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	KRAMER, BRUCE H.	6.2 NAME	
STREET ADDRESS	2107 S ANDREWS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	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: Patrick D. Doyle Date: 2-12-99 Daytime Phone #: (904) 581-9993

CR2E034 (11/98)

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**CITYWIDE INSURANCE SERVICES, INC.**  
**DOCUMENT #P96000061218**  
**ATTACHMENT**

**ADDITIONS/CHANGES: Officers & Directors**

- |    |   |    |
|----|---|----|
| 1. | Kent M. Linder<br>4161 N.W. 5th Street<br>Plantation, FL 33317    | P  |
| 2. | Patrick D. Doyle<br>4161 N.W. 5th Street<br>Plantation, FL 33317  | SD |
| 3. | Michele V. Lawson<br>4161 N.W. 5th Street<br>Plantation, FL 33317 | TD |
| 4. | Edward J. Lawson<br>4161 N.W. 5th Street<br>Plantation, FL 33317  | D  |
| 5. | Ronald A. Raymond<br>4161 N.W. 5th Street<br>Plantation, FL 33317 | D  |
| 6. | Carla L. Leonard<br>4161 N.W. 5th Street<br>Plantation, FL 33317  | D  |
| 7. | Bruce F. Simberg<br>4161 N.W. 5th Street<br>Plantation, FL 33317  | D  |
| 8. | Joseph A. Epstein<br>4161 N.W. 5th Street<br>Plantation, FL 33317 | D  |

**DELETIONS: Officers & Directors**

- |    |  |    |
|----|--|----|
| 1. | Robert A. Sandler<br>2107 South Andrews Ave<br>Fort Lauderdale, FL 33316 | SD |
| 2. | Bruce H. Kramer<br>2107 South Andrews Ave<br>Fort Lauderdale, FL 33316   | D  |