

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

1

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **PA000075927**

1. Corporation Name

Karp Insurance Consultants, Inc.
dba USI Florida, Inc.

Principal Place of Business

Mailing Address

2 South University Drive, #220
Plantation, FL 333324

FILED

99 AUG 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/11/96

4. FEI Number

65-0701499

Applied For

Not Applicable

5. Certificate of Status Desired

FC

\$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

2X No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael C. Karp	1.2 NAME	
STREET ADDRESS	2 South University Drive, #220	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	1.4 CITY-ST-ZIP	
TITLE	Sr.VP / Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Oden	2.2 NAME	
STREET ADDRESS	2 South University Drive, #220	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard H. Mizel	3.2 NAME	
STREET ADDRESS	50 California Street, 24th Fl.	3.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	3.4 CITY-ST-ZIP	100002972061--1
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest J. Newborn, II	4.2 NAME	
STREET ADDRESS	50 California Street, 24th Fl.	4.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Leonard	5.2 NAME	
STREET ADDRESS	50 California Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	5.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Lang	6.2 NAME	
STREET ADDRESS	2 South University Drive, #220	6.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



2

ACCOUNT NO. : 072100000032

REFERENCE : 355280 7139998

AUTHORIZATION : *Patricia Kypur*

COST LIMIT : \$ 558.75

ORDER DATE : August 26, 1999

ORDER TIME : 9:54 AM

ORDER NO. : 355280-010

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: KARP INSURANCE CONSULTANTS,
INC. DBA USI FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: _____