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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000091558 (2)

CREW INSURANCE ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			in Karind abella Lianal diriah diriah 1911 sadi
5200 NORTH FEDERAL HIGHWAY		5200 NORTH FEDERAL	5200 NORTH FEDERAL HIGHWAY			
SUITE #2		SUITE #2	SUITE #2			
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL	FORT LAUDERDALE FL 33308		DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified 11/05/1996	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21	add of Boshisto	26			65-0716327	Not Applicable
Suite, Apl. #, etc.		 	Suite, Apt #, etc.			CO 75 A 4400
22		·	27		5, Certificate of Status Desired	Fee Required
City & State		City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Z ip	Countr	у	8. This corporation owes or has pai	id the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent
BORTELL, CHARLES K JR. 81 Name						
520	00 NORTH FEDERAL HIGHWAY	•	82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)
	ITE #2					<u> </u>
FO	RT LAUDERDALE FL 33308		83	1		
			84	City		85 Zip Code
## Dunayont	to the properties of Continue CO7 IV	DO and COZ 1500 Florido Prot	utos the abo	is named a	ornaration submits this statement for the s	FL 3 Zip cods
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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed harno of requirements		Oli Coninsum d As		guired when reinstating)	DATE
12.		ND DIRECTORS	13.	ioni signature re	ADDITIONS/CHANGES TO OFFIC	
TATLE	PTS	DELETE	1.1 TITLE		7.5577.617.07.011.11.02.0 1.6 01.10	Change Addition
NAME	BODTCH OHADITOR ID		1.2 NAME	1		
STREET ADDRESS 5200 N. FEDERAL HWY #2			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY -			
TITLE		DELETE	2.1 TITLE			Change Addition
NAME .			2.2 NAME			
STREET ADDRESS			2 3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY	SI-ZIP		
TITLE		DELETE	3.1 TILLE	•		Change Addition
NAME			3.2 NAME			İ
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DEL e te	4.1 TITLE	[Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	t address		
CITY-ST- ZI P			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME .			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP		The eve	5.4 City-	ST- ZIP		
TITLE		DELETE	6.1 THLE	İ		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	f address		

14. Thereby 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 trustee empowered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or so an attack of the corporation of the corporati