SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096361

SECONDARY UNDERWRITING NETWORK, INC.

Mailing Address Principal Place of Business 432 RIDGE FOREST CT 432 RIDGE FOREST CT SANFORD FL 32771 SANFORD FL 32771

US

FILED

Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90013 005 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State C						11/25/1990	· · · · · · · · · · · · · · · · · · ·	
Sulte, Apt. #, etc. 27	2. Principal P	Place of Business	2a. Mailing Address					Applied For
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27 City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, Apt. #, etc.		5 Certificate of Status Desired		
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Zip					6. Election Campaign Financing \$5.00 May		0 May Be	
Zip Country Zip Country Zip Country St. This corporation ower stee current year Name Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, SUSAN 432 RIDGE FOREST CT 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 84 City FL 85 Zip Code SANFORD FL 32771 84 City FL 85 Zip Code SANFORD FL 32771 85 City FL 85 Zip Code SANFORD FL 32771 SANFORD FL 32771 84 City FL 85 Zip Code SANFORD FL 32771 SANFORD	23	28				Trust Fund Contribution	Adde	d to Fees
9, Name and Address of Current Registered Agent SMITH, SUSAN 432 RIDGE FOREST CT SANFORD FL 32771 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 agent. or both, in the State of Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In affinish with, and accept the obligators of sections/07.0505, Floridas Statutes, or corporation submits this statement for the purpose of changing its registered agent. In affinish with, and accept the obligators of sections/07.0505, Floridas Statutes, or corporation submits this statement for the purpose of changing its registered agent. In affinish with, and accept the obligators of sections/07.0505, Floridas Statutes, or corporation submits this statement for the purpose of changing its registered agent. In affinish with, and accept the obligators of sections/07.0505, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In affinish with, and accept the obligators of sections/07.0505, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In affinish the statement for the purpose of changing its registered agent. In affinish with the statement for the purpose of changing its registered agent. In affinish with the statement for the corporation agent and accept the statement for the supmit in a statement for the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Changing affect at it media under outh that it am on officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Changing by Changing State at its m		Country	Zip	Country		8. This corporation owes the current	year	
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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	NAME			6.2 NAME				
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in Block 12 or Block 13 if changed or on an attachment with an address.	i ndicated i	on this annual report of supplemental	annual report is true and accu	rate and that	my signatur	e shali nave the same legal effect as il 198	ide under dani, ina	atiani
	in Block 1:	2 or Block 13 if changed or on an atta	achment with an address.	_ 3,,550,65 611	upon up n	1 1		, •

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