24270
5

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees



PROFIT CORPORATION ANNUAL REPORT 1998	8.0	DEPARTMENT O ndra B. Morthar Secretary of State ON OF CORPORAT	m		93 JUL 2			: 16
DOCUMENT # P9700 1. Corporation Name INTERSTATE INSURANCE SERVI	0001374 (ICES, INC.	(2)			SECTOR TALLANCE		r S ELO	MIE SIDA Millimini
Principal Place of Business Mailing Address PO BOX 1245 POST OFFICE BOX 1245								
PALM CITY FL 34991	PALM CITY FL 344	91			DO NOT WRITE 3. Date incorporated or Qualified 01/07/1997	IN THIS	SPAC	E
2. Principal Place of Business . 21 901 MARTIN DOWN	2a. Mailing Addre	SS			593417/28	, , , , , , , , , , , , , , , , , , , ,		Applied F Not Applie
Suite, Apt. #, etc. 22 5411E 208	Suite, Apt. #, 0	etc.			5. Certificate of Status Desired			.75 Addition see Required
23 PALM CITY FL	City & State				Election Campaign Financing Trust Fund Contribution			5.00 May B dded to Fees
24 3 4990 25 MARTI	Zip 29	Countr 30	ry 		This corporation owes or has paid Personal Property Tax due June :	30.	Yes	☐ No
9. Name and Address of Cu	rrent Registered Agent	81	1	Name	10. Name and Address of New Reg	istered A	gent	
FALSETTI, AL 1573 CROSSING CIRCLE			Ĺ		ss (P.O. Box Number is Not Acceptable)		····
PALM CITY FL 34991		83	3				_	
		84	4	City		FL	85	Zip Code

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	VSTD	DELETE	1.1 TITLE	V57D Change Addition				
NAME	FALSETTI, ROSE D		1.2 NAME	FALSETTI, ROSE + 4200				
STREET ADDRESS	343 ALMERIA AVENUE		1.3 STREET ADDRESS	GOIMARTIN DOWNS BLVD " -08				
CITY-ST-ZIP	COMAL GABLES FL 33134		1.4 CITY-ST-ZIP	FALSETTI, ROSE Change Addition FALSETTI, ROSE 901 MARTIN DOWNS BLVD # 208 PALM CITY FL 34990				
TITLE	P	DELETE	2.1 TITLE	Project in 1 aca T Change Addition				
WE.	FALSETTI, ALBERT C		2.2 NAME	FALSE III, ALBERT				
	TO LINERIA AVENUE		2.3 STREET ADDRESS	PALSETTI ALBERT Change LAddition				
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-2ĬP	PALM CITY FL 3.4990				
TITLE		DELETE	3.1 TITLE	Change Addition				
NAME			3.2 NAME	8000025944887				
STREET ADDRESS			3.3 STREET ADDRESS	-07/21/9801b96004				
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****150.00 ****150.00				
TITLE		DELETE	4.1 TITLE	Change Addition				
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE	nange Addition				
NAME			5.2 NAME					
STREET ADDRESS		i	5.3 STREET ADDRESS	10 111				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITLE	Change Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CiTY-ST-ZIP					

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 of the receivers truster inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, as on an appear of the corporation o





Interstate Insurance Services

AL FALSETTI • Pres. • 901 Martin Downs Blvd Sult 208 • PO Box 1245 • Palm City FL 34990 • Telephone 561-221-9797 • Fax 561-283-5855

7/16/98

Mr.Shawn Logan Florida Dept. Of State

Please be advised that this is the second time I am sending in my annual report. I recieved my first notice 7/1/98 and never recieved any notice prior to that, So I mailed in my \$150.00 check the same day and the florida dept. of State mailed it back to me today (7/16/98) I would greatly appriciate your help in this matter.

Again Thank You; Al Falsetti