

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000025248 (0)**

1. Corporation Name

**INSURANCENATION USA HOLDING COMPANY**

Principal Place of Business

**1132 SE SECOND AVE  
FT LAUDERDALE FL 33316**

Mailing Address

**1132 SE SECOND AVE  
FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1997**

2. Principal Place of Business

**21 1220 East Broward Blvd**

2a. Mailing Address

**26 P.O. Box 460730**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Ft. Lauderdale, FL**

City & State

**28 Ft. Lauderdale, FL**

Zip

**24 33301-2134**

Country

**25 USA**

Zip

**29 33346-0730**

Country

**30 USA**

4. FEI Number

**Not Applied For Yet**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be**

**Added to Fees**

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**PILKEY, JAMES C  
1132 SE SECOND AVE  
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

**Payne, Gale Ciceric**

82 Street Address (P.O. Box Number is Not Acceptable)

**1220 East Broward Boulevard**

83

84 City

**Fort Lauderdale**

FL

85 Zip Code

**33301-2134**

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

**GALE CICERIC PAYNE**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**(REGISTERED AGENT) 13 January 1998**  
DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

**0  
PILKEY, JAMES C  
1132 SE SECOND AVE  
FT LAUDERDALE FL 33316**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**D.  
Payne, Gale Ciceric  
1220 East Broward Boulevard  
Ft. Lauderdale, FL 33301-2134**

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

**Gale Ciceric Payne**

**January 13 1998 (954) 711-9100**

CR2E034 (10/97)