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PROF⊤T CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700035019

Corporation Name

INSURANCE PROVIDER WILL TRAVEL, INC.

INSUNA	HOL I HOVIDEN WILL THAT	VLL, HTO.						
<u> </u>								
Principal Plac	ce of Business	Mailing Address -				B ail ab ila calus (i	(O) O)(S) OE(E)	11010 1011 1001
1261 S.W. 71S	ST TERRACE	-1261 S.W. 71ST TERRACE						•
N LAUDERDALE FL 33068 N LAUDERDALE FL 33068						. •		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
; ;					1 77			
2. Principal F	Place of Business	2a. Mailing Address			04/18/1997 4. FEI Number		Ann	olied For
21	·	26			65-0745823		<u> </u>	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		\$8.75 A	
22		27			5. Certifcate of Status Desired		Fee Red	
City & State City & State				6. Election Campaign Financing		\$5.00	May Be	
23	<u> </u>	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip .	Country		8. This corporation owes the curr		ngible	~ /
24	25	~ <u>~~</u> —	30		Personal Property Tax.			No _
	9. Name and Address of Curre		81	Name	10. Name and Address of New I	Registerea A	gent	
KUP	RABIESKI, JAMES	· · · · · · · · · · · · · · · · · · ·						
	1 S.W. 71ST TERRACE		82	Street Addi	ress (P.O. Box Number is Not Accept	able)		
	AUDERDALE FL 33068		83		Secretary Secretary		1 12	
							<u> </u>	- 1111
			84	City	44.54	FI	85 Zip C	ode "
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	e-named corp	poration submits this statement for the	purpose of cl	hanging its r	registered
office of	registered agent, or both, in the State	of Elarida, Quich change was at	whari-and but	the compreti	on's board of disactors. I baroby acco	pt the appoint	ment as req	istered
agent Is	am familiar with and accept the obliga	ations of Section 607 0505. Flor	utnonzeo by rida Statutes	tile corporati	oirs board of directors. I fieldby acce	Practice approximation		,iotoroa
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNAPORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/89

1-954-724-8782

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90042 001 ***150.00

Daytime Phone #

P2E03/ (11/08)