FILE NOW: FILING FEE AFTER MAY 1ST 18 \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000039613

1. Corporation Name

SIGNATURE:

GLOBAL ASSURANCE CORPORATION

Principal Placi	e or Business	Mailing Address						
Suite 600	ESTSHORE BLVD.	500 NORTH WESTSHORE B SUITE 600	BLV D .		DO NOT WRITE IN	N THIC COAC	`E	
TAMPA FL 338	09	TAMPA FL 33609			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/05/1997			
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
٠ ·	Iace of Brasiless	<u> </u>			59-3455756	Í	_	Applicable
Cuita And	# -4-	Suite, Apt. #, etc.			39-3433730	¢ρ		
Suite, Apt.	#, etc.	27 Suite 850	Ò		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		City & State			6. Election Campaign Financing	. S:	5.00 A	fav Be
3		28			Trust Fund Contribution		dded to	•
Zip	Country Zip		Country 30		8. This corporation owes the current y	ear Intangible	 e	
i]	25 29				Personal Property Tax.			
•1	9. Name and Address of Cur		7.01		10. Name and Address of New Regis	stered Agent		
				81 Name				
KIRO	CHEN, RICHARD F		ļ					
	N WESTSHORE BLVD STE	6		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	TE 200		ŀ	83				
	IPA FL 33609		ļ	°° Sui	te 850			
IAW	IFA FE 33003		Ì	84 City		85	Zip Co	ode
					poration submits this statement for the purp	FL 👸	<u></u>	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (NOTE: AND DIRECTORS	Registered .	Agent signature requir	ADDITIONS/CHANGES TO OFFICE	RS AND DIF	RECTOF	RS IN 12
12.		DELETE			ADDITIONS/CHANGES TO OFFICE		hange	Addition
ILTE	P	☐ pere⊥e	1.1 TIT				milgo	
IAME	KRICHEN, RICHARD F	TE 000	1.2 NA					
TREET ADDRESS	500 N WESTSHORE BLVD S	SIE 600	1	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33609		_	TY-ST-ZIP		——————————————————————————————————————	hange	[] Addition
TITLE		☐ DELETE	2.1 TIT	LE	•	Пс	nange	
AME			2.2 NA	ME)				,
STREET ADDRESS			2.3 ST	REET ADDRESS				
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MLE		☐ DELETE	3.1 TIT	TLE		Пс	hange	☐ Addition
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STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CIT	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT	TLE			hange	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			54 CF	TY-ST-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TIT	TLE			hange ·	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			83 ST	REET ADDRESS				
				TY-ST-ZIP				
CITY-ST-ZIP	1							

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 own attachment with an address, with all other like empowered.

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90006 009 ***150.00