

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000068593 (7)**

1. Corporation Name

NATIONAL REINSURANCE SERVICES, INC.

Principal Place of Business

**1890 SEMORAN BOULEVARD
SUITE 257
WINTER PARK FL 32792**

Mailing Address

**1890 SEMORAN BOULEVARD
SUITE 257
WINTER PARK FL 32792**

FILED
Sep 04 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

59-3460672

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

2. Principal Place of Business

21 1890 SEMORAN BLVD

Suite, Apt. #, etc.

22 # 257

City & State

23 WINTER PARK, FL

Zip

24 32792

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30

9. Name and Address of Current Registered Agent

**MIRANDA, ERICK J
1209 ROMA COURT
ORLANDO FL 32825**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **MIRANDA, ERICK J**
STREET ADDRESS **1890 SEMORAN BOULEVARD, SUITE 257**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **TD** ☐ DELETE

NAME **COOLIDGE, WALTER J**
STREET ADDRESS **1890 SEMORAN BOULEVARD, SUITE 257**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002635272

-09/09/98--01047--025

*****150.00**

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:

MIRANDA, ERICK J **8-1-98** **107-677-0457**

CR2E034 (5/98)

2

PHILIP L. LOGAS, P.A.
34 EAST PINE STREET
ORLANDO, FLORIDA 32801

FAX (407) 425-8536
(407) 849-1555
(800) 488-8903

August 31, 1998

Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Via Federal Express

**Re: My Client: National Reinsurance Services, Inc.
Document Number P97000068593 (7)
Delinquent filing**

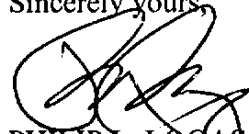
Dear Sir or Madam:

I am sending this letter to you at the suggestion of one of your officers. I am requesting the waiver of the late filing fee. This corporation was formed recently (October 7, 1997). This was the corporation's first filing. The officers have informed me that they did not receive their initial annual report. This is the first corporation which Mr. Miranda has been associated with. Based upon the foregoing one of your officers requested that I ask that the late fee be waived.

Enclosed please find my clients check in the amount of \$150.00 which represents the corporate filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely yours,



PHILIP L. LOGAS

PLL/mds
Enclosures