

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**FILED**  
**Apr 23, 1998 8:00 am**  
**Secretary of State**

DOCUMENT # **P97000068864 (2)**

1. Corporation Name

**AMERICAN SUPERIOR INSURANCE COMPANY**

Principal Place of Business

8669 N.W. 36TH STREET  
SUITE 100  
MIAMI FL 33166

Mailing Address

8669 N.W. 36TH STREET  
SUITE 100  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/08/1997**

4. FEI Number

**65-0777128**

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

Country

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **VAN METER, WILLIAM**  
STREET ADDRESS **435 DOCK SIDE DR. UNIT #503**  
CITY-ST-ZIP **NAPLES FL 34100**

TITLE **D** ☐ DELETE

NAME **RENFRO, TIMOTHY A**  
STREET ADDRESS **961 THREEWOOD**  
CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE **D** ☐ DELETE

NAME **BERMAN, LOUIS M**  
STREET ADDRESS **5595 THREE SPRINGS ROAD**  
CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE **D** ☐ DELETE

NAME **MORGAN, JOHN**  
STREET ADDRESS **1827 TODD TRACE COURT**  
CITY-ST-ZIP **BOWLING GREEN KY 42103**

TITLE **D** ☐ DELETE

NAME **LATTA, WILLIAM S**  
STREET ADDRESS **1019 COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **HENDERSON KY 42420**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy A. Renfro** 3/18/98 305 592-9060

Date

Daytime Phone #

0232513

CR2E034 (10/97)