PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90171 050 ***150.00

DOCUMENT # P9700084799

1. Corporation Name

ABC ASSURANCE CORP.

| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | | # 1#11# 1#41 1##1 |
|---|---|--|-----------------|---|----------------------------|--|---------------------------------|---------------------------|
| SUITE 120 | | 2525 NORTH STATE ROAD 7 SUITE 120 HOLLYWOOD FL 33021 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | _ | | | Date Incorporated or Qualifed 10/01/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | pplied For |
| 21 | 26 | | | | | 65-0784115 | N | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | - | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & Stat | е | City & State | | | | 6. Election Campaign Financing | \$5:00 | May Be |
| 23 | 28 | | | | | Trust Fund Contribution | Added | to Fees |
| Zip 24 | Country | Zip Col | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | - 11150 | | 8 | 1 N | lame | | | |
| CLIFF, JAMES 2525 NORTH ST RD 7, STE 120 | | | 8 | 2 S | treet Addr | ess (P.O. Box Number is Not Acceptable) | | |
| HOLLYWOOD FL 33021 | | | 8 | 3 | | | | |
| | • | | | | Sity | FI | • <u> </u> | Code |
| office or r | to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat | of Florida. Such change was autho | orized b | y the | emed corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the appoints | f changing its intment as re | s registered egistered |
| SIGNATURE | | t and title it and in the | minternal Am | ant dia | noti in sequini | i when reinstaling) DATE | | |
| 12. | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13. | | | Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | | | 1.1 TITLE | | | ☐ Change | Addition | |
| | | _ " | | | 1 | | - | |

CLIFF, JAMES V NAME 2525 N STATE RD 7, STE 120 1.3 STREET ADDRESS STREET ADDRE HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 21 TITLE TITLE AGRAN, STEVE I NAME 22 NAME 2525 N STATE RD 7, STE 120 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE CARBONE, FRANKLIN D 3.2 NAME NAME 2525 N STATE RD 7, STE 120 3.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 41 T/TI F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 6.2 NAME NAME ANTIHORY SOUTH 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 trusted empored doe 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 li other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP 🐫

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)