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 #
1. Corporation Name P97000085077 (0)

FLORIDA INSURANCE NETWORK, INC.

**FILED** Jul 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							81 1919) BERUR BBURR (891) 1881 1881
4839 BRADBUF SARASOTA FL			4839 BRADBURN COURT SARASOTA FL 34238				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/01/1997	
2. Principal P	Place of Business	2a. Mailing Ad	Idress			4. FEI Number	Applied For
21		26	26			59-3472744	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & Stat	t <del>e</del>	City & Sta	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	<u></u>	<u>}</u> }		Country	or the corporation and of this paid the cartest your intangula		
24	25	29	[30]	—-г		Personal Property Tax due June 30. Yes No	
		of Current Registered Ager	11.	81	Name	10. Name and Address of New Registere	d Agent
	DEMA, DARRYL W			"	Itallic		
	BRADBURN COURT				Street Add	Address (P.O. Box Number is Not Acceptable)	
SAH	ASOTA FL 34238			83		<u> </u>	
				63			
				84	City		85 Zip Code
44 0	Marchael Control	. 607 0600 1 007 4500 51-		<u> </u>	<u></u>	F	
office or	registered agent or both in	s 507.0502 and 607.1508, Fig i the State of Florida. Such ch t the obligations of, section 60	anne was autho	rizad hu	the cornerati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE							
40	Signature, typed or printed name of re		(NOTE: R		igent signature req	uired when reinstating) DATE	
12.	D	ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS /	
TITLE	MIEDEMA, DARRYL	L_i	DECETE	1.1 TITLE			Change Addition
NAME	tota antination action			1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	SARASOTA FL 34238	וחי					
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE			<u> </u>
NAME	L DELETE		DELETE	2.2 NAME			☐ Change ☐ Addition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP							
TITLE				2.4 CITY-ST 3.1 TITLE	-ZIP		Channe
NAME		$\Box$	OLLLIL	3.2 NAME			Change Addition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				3.4 CITY-S			
TITLE				1.1 TITLE			Change Addition
NAME		<b>-</b>		1.2 NAME	-		C Sublige C Modition
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP				I.4 CITY-S1			
TITLE		Π		5.1 TITLE		7000026043	Change Addition
NAME				3.2 NAME		<b>700002604</b> 2 -07/31/9801071	-022
STREET ADDRESS				3 STREET	ADDRESS	***150.00	
CITY-ST-ZIP				5.4 CITY-S1	-ZIP		
TITLE				1 TITLE			Change Addition
NAME		_		2 NAME			_ \7\/
STREET ADDRESS			6	3.3 STREET	ADDRESS		1 30
CITY-ST-ZIP	_		l e	.4 CITY-S1	-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.

6-30-98

941-922-8131

JULY 20, 1998

PfJ

FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

DEAR DIVISIONS OF CORPORATIONS,

IN JUNE, I RECEIVED A SECOND NOTICE FOR ANNUAL REPORTS AND FEES. I CALLED YOU WHEN I RECEIVED THE NOTICE BECAUSE I NEVER RECEIVED THE FIRST NOTICE. YOU TOLD ME TO SEND IN FEES OF \$150 AND AND NOTE STATING I NEVER RECEIVED FIRST NOTICE AND THIS WOULD BE TAKEN CARE OF.

TODAY, JULY 20, I RECEIVED BACK ANOTHER REQUEST FOR LATE NOTICE AND ADDITIONAL \$400 LATE FEE IS DUE. I CALLED YOU TODAY AND WAS TOLD I MUST HAVE SENT IT TO THE WRONG ADDRESS. I WAS TOLD TO SEND FORM AND EXPLANATION TO P.O. BOX 6327 AND THIS WOULD BE TAKEN CARE OF.

I INCORPORATED OCTOBER 1, 1997 AND FOR SOME REASON NEVER RECEIVED THE FIRST NOTICE THIS YEAR BEFORE THE DUE DATE.

THANK-YOU FOR GETTING THIS CORRECTED,

SINCERELY,

DARRYL. W. MIEDEMA

PRESIDENT OF FLORIDA INSURANCE NETWORK, INC.