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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092541

1. Corporation Name

STAFF INSURANCE, INC.

| | e of Business | Mailing Address | | | | | | | | |
|---|--|---|--|--|---|---|-------------------|---------------------|-------------------------|------------------------------------|
| 600 301 BOULEVARD WEST | | 600 301 BOULEVARD WEST | | | | | | | | |
| SUITE 202 | | SUITE 202 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| BRADENTON FL 34205 | | BRADENTON FL 34205 | | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | 10/28/1997 | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | _ | | | 4. FEI Number | _ | | Applie | ed For |
| 21 26 | | 26 | 3 | | | 65-0789006 | | Not Applicable | | |
| | | Suite, Apt. #, etc. | 1 | | | | w/ | \$8. | 75 Add | ditional |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired Fee Required | | | | |
| | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | _ | 28 | | | | Trust Fund Contribution | | Ad | ded to F | ees |
| Zip | Country | Zip | Count | try | | 8. This corporation owes the curre | ent year Inta | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | X | No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New R | egistered / | Agent | | |
| 0.7 | CORRORATION OVETEN | | 8 | 31 | Name | | | | | 1 |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | 8 | 32 | Street Addres | ess (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| PLA | NTATION FL 33324 | | \\ | 33 | | | | | | ľ |
| | | | 1 | 34 | City | | | 85 | Zip Coo | de |
| | | | | | • | | FL_ | | | |
| 11. Pürsuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State σ | and 607.1508, Florida Statute | s, the about | ove-r | named corpo: | ration submits this statement for the | purpose of a | changir itment : | ıg its reg as regist | gistered tered |
| agent. I a | m familiar with, and accept the obligation | and of Continue 607 AEAE Flori | de Chatut | Jy 111 | ic corporation | ro bould of directors. Thoroby docop | | | | |
| | an rainillat with, and accept the obligation | ons or, section 607,0303, Fion | ida Statuti | es. | | | | | | |
| SIGNATURE | | | | | | | DATE | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered A | | agnature required | when reinstating) | DATE FICERS AN | D DIRE | | |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: | | gent s | | | _ | D DIRE | CTORS | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: D DIRECTORS | Registered A | gent s | | when reinstating) | _ | | CTORS | S IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, RICHARD A | and title if applicable. (NOTE: D DIRECTORS | Registered A 13. 1.1 TITLE 1.2 NAM | gent si | eignature required | when reinstating) | _ | | CTORS | S IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, RICHARD A 600 301 BLVD., WEST STE 202 | and title if applicable. (NOTE: D DIRECTORS | Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRE | gent so | pignature required | when reinstating) | _ | | CTORS | S IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, RICHARD A 600 301 BLVD., WEST STE 202 BRADENTON FL 34205 | and title if applicable. (NOTE: D DIRECTORS | Registered A 13. 1.1 TITLE 1.2 NAM | gent si E E EET AL | pignature required | when reinstating) | _ | | CTORS | S IN 12 |
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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, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

PETER GRABOWSEI

DELETE

941-748,4540

Change

May 07, 1999 8:00 am Secretary of State

05-07-1999 90058 041 ***158.75

☐ Addition