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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998DOCUMENT #

P97000092863 (4)

AMERICAN UNDERWRITING CONSULTANTS, INC.

FILED Sep 04 1998 8:00am Secretary of State

| MACINO | AIT OITOL | * | JOHOULIA | 110, 1110, | | | | | | |
|---|--------------------------------|---|---|---|---------------------------------|--------------------------------|-----------------|----------------|---|---|
| Principal Place of Business 406 SARASOTA QUAY STE. 17 | | | | Mailing Address 3502 HENDERSON BLVD. SUITE 300 | | | | | T THE THE THE THE THE THE THE THE THE TH | |
| | | | | | | | | | | |
| SARASOTA FL 34238 | | | TA | TAMPA FL 33609 | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | | | 3. Date Incorporated or Qualified | 7 |
| | | | | | | | | | 10/29/1997 | i |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number Applied For | ١ |
| 21 | | | | 26 | | | | | (15-0794802 Not Applicable | 1 |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional | 1 |
| 22 | | | | 27 | | | | | Fee Required | Į |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | Zip Country | | | | | Trust Fund Contribution Added to Fees | ł |
| Zip 24 | Country 25 | | 201 | 2ip Co- | | ountry | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | ļ |
| 24 | | and Address o | | stered Agent | | Ţ | | | 10. Name and Address of New Registered Agent | 1 |
| PHI | S, BRANDIE | | | | | 81 | Na | me | | 1 |
| 3502 HENDERSON BLVD. STE. 300 | | | | | | 82 Street A | | and Adden | ess (P.O. Box Number is Not Acceptable) | - |
| TAMPA FL 33609 | | | | | | 02 | O! | ieer Aûdie | ess (L.O. Box tangenes Mot VCCelmainer | |
| •••• | | • | | | | 83 | | . | | 1 |
| | | | | | | 84 | Cit | hu - | B5 Zip Code | 1 |
| | | | | | | " | | • • | FL (3) Zipour | l |
| 11. Pursuant | to the provis | lons of sections | 607.0502 and 6 | 07.1508, Florida S | tatutes, the ab | ove- | -nam | ed corpora | ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | 1 |
| office or agent. La | registered ag am familiar w | jent, or both, in i /ith, and accept t | ne State of Flor the obligations o | f, section 607.050 | was authorize 5, Florida Sta | a by lutes |) (MB) S. | corporatio | on a board of offectors. I nereby accept the appointment as registered | |
| SIGNATURE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | l |
| 40 | Signalute, typed | or printed name of reg | | | | ared A | gent s | ignalure requi | DATE APPLITION PORT TO OFFICERS AND DIFFERENCE IN AND DIFFERENCE IN A SECOND | ł |
| 12. TITLE | D | OFFIC | ERS AND DIRE | 7-3 | 13. | TI E | | · | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ł |
| NAME | PULS, BRANDIE L | | | , Î DELETE | | 1.2 NAME 1.3 STREET ADDRESS | | | Change Addition | ļ |
| STREET ADDRESS 408 SARASOTA QUAY STE. 1 | | | STF 17 | | | | | | | ١ |
| CITY-ST-ZIP | | A FL 34236 | OIC. II | | | | -ZIP | | | |
| TITLE | D | 77.7.2.01200 | | DELET | | | -211 | | Change Addition | l |
| NAME | GARRETT | . JILL R | | | 2.2 N | AME | | | C Change C Madulon | |
| STREET ADDRESS | | | | | 2351 | REET | ET ADDRESS | | | |
| CITY-ST-ZIP SARASOTA FL 34236 | | | | | | | 2.4 CITY-ST-ZIP | | - | Ì |
| TITLE | | | | DELET | E 3.1 TI | TLE | | | Change Addition | 1 |
| NAME | | | | | 3.2 N | AME | | | · | |
| STREET ADDRESS | | | | | 3.3 \$1 | REET | ADDRESS | | | |
| CITY-ST-ZIP | | 3.4 CI | 3.4 CITY-ST-ZIP | | | | Į | | | |
| TITLE | | | | DELET | E 4.1 TI | TLE | | Ì | Change Addition | l |
| NAME | IAME | | | | | 4.2 NAME | | | | l |
| STREET ADDRESS | | | | | 4.3 ST | REET | ADDR | ESS | | ļ |
| CITY-ST-ZIP | | | | | 4.4 CI | | ZIP | | | 1 |
| TITLE | | | | [] DELET | | | | - | Change Addition | |
| NAME | | | | | 5.2 N/ | | | | | |
| STREET ADDRESS | | | | | | | ADDR | ESS | | |
| CITY-ST-ZIP | | | | | 5.4 CI | | -ZIP | | | 1 |
| TITLE | | | | DELET | 6.1 T(| | | | Change Addition | Į |
| NAME | | | | | | | | | 4000026353 0 4° & -03/03/98010470 3 0 \ | ĺ |
| STREET ADDRESS | ET ADDRESS | | | | | KEET | ADDRESS | | ***550.00 | ĺ |

14. I he information supplied with this filing does not qualify for the 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:

ch 17 086

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