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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000102332**1. Corporation Name

PRIDE INSURANCE INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90210 010 ***150.00



Principal Place of Business Mailing Address					E IMPOLINAT ISTA INSIS CONTINUENT MARIN MARIN MARIN MARIN MARIN MINE INTER TITLE TITLE TO THE CONTINUENT CONTI
1375E N.W. 40TH AVENUE 1375E N.W. 40TH AVE					
LAUDERHILL FL 33313		LAUDERHILL FL 33313			
					DO NOT WRITE IN THIS SPACE
ĺ					3. Date incorporated or Qualifed 12/04/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					APPLIED FOR 65-001656 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.		\$8.75 Additional	
22					5. Certificate of Status Desired Fee Required
City & Stat	City & State	\$ State		6. Election Campaign Financing S5.00 May Be	
23 28					Trust Fund Contribution Added to Fees
			Country		8. This corporation owes the current year Intangible
24 25 29 30			0[Personal Property Tax. ☐ Yes ☐ No
<u> </u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
KAT	Z, LANA		81	Name	
1375E N.W. 40TH AVENUE LAUDERHILL FL 33313			82	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			03		,
}			84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statuter	the above	nome	
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.		ND DIRECTORS	13.	- signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		PRES- Change Addition
NAME	REGIS, J R		1.2 NAME		J.CANDOLFI
STREET ADDRESS	4631 NW 3 AVE, #228		1.3 STREET	ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL 33309		1.4 CITY-ST	-ZIP	H. LAUD. (-L. 33349-0506
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	3
CITY-ST-ZIP			2. 4 CITY-S	T- ZIP	
TITLE	☐ DELETE 3.1 TI		3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	}
CITY-ST-ZIP		Ci peres-	3.4. CITY-S	r-ZIP	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		6
CITY-ST-ZIP		☐ DELETE	44 CITY-ST	- ZIP	Channe Hadding
TITLE NAME		☐ nereie	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET	ADORESS	
i 1			5.4 CITY-ST		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
OUTCO UDDUCOO				-7IP	1

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.

SIGNATURE: _