FILE NOW: FILING FEE AFTER MAY 1ST IS $558.00

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 16 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105859

1. Corporation Name

ZENITH INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3504 Lake Lynda Dr. #400 Orlando, FL 32817	- Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0798289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Lisa A. Krouse, Esq. 888 S.E. 3rd Av., #500 Ft. Lauderdale, FL 33316	81 Name: Corporation Service Company, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 83: 1201 Hays Street 84 City: Tallahassee **FL** 85 Zip Code: 32301

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: Patricia Pizzuto, Patricia Pizzuto — 7-16-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAX, STANLEY R. 21255 Califa Street Woodland Hills, CA 91367-5021	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002590782--3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JACK D. 21255 Califa Street Woodland Hills, CA 91367-5021	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAUBITZ, FREDRICKA 21255 Califa Street Woodland Hills, CA 91367-5021	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TICKNER, JOHN J. 21255 Califa Street Woodland Hills, CA 91367-5021	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 7/16/98

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.

SIGNATURE: STANLEY R. ZAX 7/15/98 818 713 1000

(2)

RESUBMIT

Please give original submission date as file date.

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 893757 5023256

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 16, 1998

ORDER TIME : 11:08 AM

ORDER NO. : 893757-005

CUSTOMER NO: 5023256

CUSTOMER: John J. Tickner, Esq
Zenith Insurance Company
21255 Califa Street

Woodland Hills, CA 91367-5021

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99 JUL 16 PM 4:07
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: ZENITH INSURANCE MANAGEMENT SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

98 JUL 15 AM 11:25
DIVISION OF CORPORATION

CONTACT PERSON: Robert Turner

EXAMINER'S INITIALS: SLA 7/16/98