

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90035 047 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P98000003833 ✓  
1. Corporation Name

**BOSTICK GLOBAL UNDERWRITERS, INC.**

<b>Principal Place of Business</b> 1451 WEST CYPRESS CREEK RD SUITE 300 FT LAUDERDALE, 33309	<b>Mailing Address</b> 38029 THIRD STREET WILLOUGHBY, OH 44094
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> JANUARY 9, 1998	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> 58-2366085	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>22</b> Suite, Apt. #, etc.		<b>27</b> Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b> City & State		<b>28</b> City & State		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip		<b>29</b> Zip		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25</b> Country		<b>30</b> Country			

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FLORIDA 32301		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	FL <b>85</b> Zip Code

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PRESIDENT</b> <b>ROBERT J. BOSTICK</b> <b>38029 THIRD STREET</b> <b>WILLOUGHBY, OHIO 44094</b> <input type="checkbox"/> DELETE	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>1.2</b> NAME	
		<b>1.3</b> STREET ADDRESS	
		<b>1.4</b> CITY - ST - ZIP	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>2.2</b> NAME	
		<b>2.3</b> STREET ADDRESS	
		<b>2.4</b> CITY - ST - ZIP	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>3.2</b> NAME	
		<b>3.3</b> STREET ADDRESS	
		<b>3.4</b> CITY - ST - ZIP	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>4.2</b> NAME	
		<b>4.3</b> STREET ADDRESS	
		<b>4.4</b> CITY - ST - ZIP	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>5.2</b> NAME	
		<b>5.3</b> STREET ADDRESS	
		<b>5.4</b> CITY - ST - ZIP	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>6.2</b> NAME	
		<b>6.3</b> STREET ADDRESS	
		<b>6.4</b> CITY - ST - 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 or changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** Robert J. Bostick - **ROBERT J. BOSTICK** **3/26/99** **440-942-2626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #