## 05101999-90272-046-\$150.00-\$150.00

PROFII CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of Stene DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90272 046 \*\*\*150.00

DOCUMI  1. Corporation Na	ENT# P98	100001	3247	3 /			
TRANSPORTATION INSURANCE CONSULTANTS INC.					* 5 569923 - 90019 - 27 3 *		
Principal Place of		South River Orr Suite ## ley, Florida 33166			569923 - 90019 - 27	, <u>-</u>	
					DO NOT WRITE IN THIS SPACE	:	
					3. Date Incorporated or Qualified		
2. Principal Place	2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For		
1 Same 26 Sone			zil _		6308/1100	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					I E Composite of Status Desired 1 1	75 Additional e Required	
City.& State		27 City & State				.00 May Be	
3]		28				ded to Fees	
-Zip	Country -	Zip	c	ountry	8. This corporation owes the current year intangible		
4	25	29	30		Personal Property Tax.	□No	
	3. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent		
				81 Name	•		
DIF	CEDO ROJKIG	1 CRZ		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
11/11	1.a.150	T		83			
miani, 7233167				B4 City FL 85 Zip Code		Zip Code	
11 Principal to the	., ,, , , , , , , , , , , , , , , , , ,	7 0000 1 007 4F00 FI-4	da Statutes the	above-named corp	cention automite this statement for the purpose of changing	g its registered	
office or regis	ne provisions of Sections of stered agent, or both, in the	State of Florida. Such chan	ge was authoriz	ed by the corporation	on's board of directors. I hereby accept the appointment a	s registered	
agent. I am fa	amilian with, and account the	bligations of, Section 607.0	3505-Pionda Sta	alutes.	1/30/00	9	
SIGNATURE	afters, typed or printed name of register	laster L	OUNTE Garage	ed Agent signature require	CATE CATE	<del></del>	
12.		RS AMO DIRECTORS	1;		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12 nge Addition	
TILE			ELETE 1.1	TITLE	☐ Chai	nge 🔲 Addition	
IAME			1.2	NAME			
TREET ADDRESS			1.3	STREET ADORESS			
OTY-ST-ZIP			1.4	CITY-ST-ZIP			
TLE		□ D	ELETE 2.1	TITLE	☐ Chai	nge 🔲 Addition	
IAME			22	NAME		ļ	
TREET ADDRESS			2.3	STREET ADDRESS		. ]	
CITY-ST-ZIP			2.4	CITY-ST-ZIP			
TILE		D	ELETE 31	TITLE	☐ Cha	nge 🔲 Addition	
MME			3.2	NAME			
TREET ADDRESS			3.3	STREET ADDRESS	<del></del>		
TY-ST-ZIP			3.4.	CITY-ST-29P			
TILE )	•	[D]	ELETE 4.1	TITLE	☐ Cha	nge Addition	
AME			4.2	NAME		ļ	
TREET ADDRESS	•		4.3	STREET ADDRESS		}	
OTY-ST-ZIP			4.4	CITY-ST-ZIP			
m.e			. 41	TITLE	· _ Char	nge	
AME			H	NAME			
TREET ADDRESS		•		STREET ADDRESS		ļ	
TY-ST-ZIP				CITY-ST-ZIP			
TT.E				TITLE	☐ Chan	vge ☐ Addition	
ME				NAME		!	
STREET ADDRESS				STREET ADDRESS	•	ţ	
CITY-ST-ZIP				CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP 14. I hereby certif	his aggregation and accompanies	annial annual manad in taus	6.4 qualify for the ex	emption stated in S	action 119.07(3)(i), Florida Statutes. I further certify that it shall have the same legal effect as if made under oath; the to by Chapter 607, Florida Statutes; and that my name a	nariam an	

SIGNATURE: