Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90229 004 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000056489

1. Corporation Name

U S INSURANCE MARKET CORP.

Principal Place of Business Mailing Address					-	I MAINI AIRIN MEILI	#1881 18114 1811 191	21
7750 NW 103RD STREET 7750 NW 103RD STREET								
SUITE 201 SUITE 201					DO NOT WRITE IN THIS SPACE			
JENS FL 33U16	HIALEAN GARDENS FL 3301	10				THIS SPACE		$\neg$
	•							- {
2. Principal Place of Business 2a. Mailing Address		<del></del>			4. FEI Number		Applied For	_
	26				65-08 45567		Not Applicab	ole
#, etc.	Suite, Apt. #, etc.			,	5 Certificate of Status Desired	_		
27					3. Certificate of Status Desired	Fe	e Required	_
City & State City & State					6. Election Campaign Financing			Ì
3 28					Trust Fund Contribution		ded to Fees_	
			try		,		Пма	
		30						$\dashv$
9. Name and Address of Curren	t Kadisteled Agent	- 1	81	Name	To: Tallio dia Audicos of for Taglo	or our rigorit		
PEAKE, MERIDA D		Ļ	_	<u> </u>				
7750 NW 103RD STREET SUITE 201			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
			83					$\neg$
EAH GARDENS FL 33016		Ļ	4	C'A.		g.E.	Zin Codo	$\dashv$
			84	City		FL  °°	Zip Code	
to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the about	ove	-named corpor the corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changin appointment a	g its registered as registered	t
m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statut	es.		•			
Classical and a sixteen desired and	t and title if applicable. (AIOTE:	Penistered A	land	t eignature required t	when reinstation)	TF		l
				r signature required	<u></u>		CTORS IN 12	_
PTD	DELETE		E					
PEAKE, MERIDA D		1.2 NAM	Æ					
ss 211 WIMBLEDOM LAKES DR		1.3 STR	1.3 STREET ADDRESS					ļ
PLANTATION FL 33324-2412		1.4 CITY	1.4 CITY+ST-ZIP					
SVD DELETE 2			2.1 TITLE			☐ Cha	inge 🔲 Addi	tion
E MICHEL, JESSICA D			Æ					
STREET ADDRESS 2690 WEST 76TH STREET #204			2.3 STREET ADDRESS					
CITY-ST-ZIP HIALEAH GARDENS FL 33016-2412			2.4 CITY-ST-ZIP					
☐ DELETE 3.1			E			☐ Cha	nge 🔲 Addi	tion
ļ		3.2 NAM	3.2 NAME					
ADDRESS		3.3 STR	3.3 STREET ADDRESS					
		3.4. CIT		T-ZIP				Har
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		4.1 TITL 4, 2 NAN 4.3 STR 4.4 CITY	E ME VEET Y-ST	ADORESS				
	☐ DELETE	4.1 TITL 4. 2 NAM 4.3 STR 4.4 CITY 5.1 TITL	E ME EET Y-ST	ADORESS		☐ Cha		
		4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ME VEET Y-ST E	ADDRESS F-ZIP				
		4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ME Y-ST E ME	ADORESS 1-ZIP ADDRESS				
	Country  25  9. Name and Address of Curren  KE, MERIDA D  NW 103RD STREET  E 201  EAH GARDENS FL 33016  to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga  Signature, typed or printed name of registered agen  OFFICERS AN  PTD  PEAKE, MERIDA D  211 WIMBLEDOM LAKES DR  PLANTATION FL 33324-2412  SVD  MICHEL, JESSICA D  2690 WEST 76TH STREET #2	D STREET  SUITE 201 HIALEAH GARDENS FL 3301  Place of Business  Lace of Business FL 3301  Lace of Business  Lace of Business  Lace of Business  Lace of Business  Lace of Busines FL 3301  Lace of Business Call Business Call Busi	D STREET  SUITE 201 HIALEAH GARDENS FL 33016  PLACE OF Business  2a. Mailing Address 2b.  #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zim  Actry  Zim  MiCHEL, JESSICA D  Zim  Actry  Zim  MiCHEL, JESSICA D  Zim  MiCHEL, JESSICA D  Zim  Actry  Zim  Actry  Zim  MiCHEL, JESSICA D  Zim  Actry  Zim	D STREET  SUITE 201 HIALEAH GARDENS FL 33016  Ilace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country  Zip  Country  Signature, Agent  B2  81  KE, MERIDA D  NW 103RD STREET  E 201  EAH GARDENS FL 33016  84  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Fiorida. Such change was authorized by m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent OFFICERS AND DIRECTORS  PTD  PEAKE, MERIDA D  211 WIMBLEDOM LAKES DR  PLANTATION FL 33324-2412  SVD  MICHEL, JESSICA D  22 NAME 23 STREET  24 CITY-S  DELETE  31 TITLE 32 NAME 33 STREET	D STREET SUITE 201 SURE SOITH LALEAH GARDENS FL 33016  Lace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  2b. Country 2c. Suite, Apt. #, etc.  2c. City & State 2d. Suite, Apt. #, etc.  2c. Country 2d. State 2d. Suite, Apt. #, etc.  2r. City & State 2s. Country 2s. Support State 2s. Country 2s. Support State 2s. Country 2s. Support State 2s. Street Address 3s. Support State 3s. Support St	DETREET 7750 NW 103RD STREET SUITE 201  ENS FL 33016  # ALEAH GARDENS FL 33016    Common	DO STREET SUITE 20 SUITE 20 HALEAH GARDENS FL 33016  WAS F	D STREET SUITE 201  ENS FL 33016  WHALEAH GARDENS FL 33016  BO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  (6)[24] 1998  4. FEI Number  6. Country  7. Suite, Apt. #, etc.  7. Country  7. Suite, Apt. #, etc.  8. City & State  6. Election Campaign Financing  7. Fea Required  7. Country  7. Sup  7. Country  7. Sup  7. Country  8. This corporation owes the current year intangible  7. Personal Property Tax.  8. This Corporation owes the current year intangible  8. Personal Property Tax.  8. This Corporation owes the current year intangible  8. Personal Property Tax.  8. This Corporation owes the current year intangible  8. This Corporation owes the current year intangible  8. Personal Property Tax.  8. This Corporation owes the current year intangible  8. Personal Property Tax.  8. This Corporation owes the current year intangible  9. Name and Address of Current Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  8. This Corporation owes the current year intangible  9. Name and Address of New Registered Agent  10. Name and Address of New Registe

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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

823-8898