PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000059909

1. Corporation Name

CAPE CORAL INSURANCE SERVICES, INC.

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Principal Place	e of Business	Mailing Address			i idatimati tid idina jarin beitt b	Diet d Dett diftibt Miliam billing if	,,,, ,,,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,
l '	O BOULEVARD	2724 DEL PRADO BO	DILEVARD				
CAPE CORAL FL 33904 CAPE CORAL FL 33904					DO NOT WRITE IN THIS SPACE		
}							<del></del>
					3. Date Incorporated or Qualified 07/06/1998	·	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					65-0847723_		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired		5 Additional
22 27					3. Common of Canto	Fee	Required
City & Stat	8	City & State	<u>-</u>	<del></del>	6. Election Campaign Financing		IO May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the cul	ment year Intangible	
24	25	29	30		Personal Property Tax.	Yes -	
	9. Name and Address of Current	Registered Agent		201 22	10. Name and Address of New	Registered Agent	
001	ICO DAURO III			81 Name		•	
1	MER, DAVID W			82 Street A	Address (P.O. Box Number is Not Accep	table)	
	DEL PRADO BOULEVARD			<u></u>		<del></del>	
) CAP	E CORAL FL 33904			83			ļ
				84 City		85 Z	ip Code
j				1 1		FL	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.050	<ol><li>Florida Stat</li></ol>	utes.	•	•	1
SIGNATURE	Streeture hand or printed same of recistered spent i				quired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable.		d Agent signature re		DATE	
ľ	OFFICERS AND	and title if applicable.	(NOTE: Registered	d Agent signature re	quired when reinstating)	DATE	
SIGNATURE	OFFICERS AND President	and title if applicable.  DIRECTORS	(NOTE: Registered	d Agent signature re	quired when reinstating)	DATE FFICERS AND DIREC	
SIGNATURE  12.  TITLE  NAME	President	and Side V applicable.  DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TI 1.2 N	d Agent signature re	quired when reinstating)	DATE FFICERS AND DIREC	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	President	Cape Coral FL	(NOTE: Regardance 13. TE 1.1 TI 12.N 13904 1.3 ST 1.4 C TE 2.1 TI 22.N 23.5	I Agent Bignature re ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	quired when reinstating)	DATE FFICERS AND DIRECT	TORS IN 12
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14. I hereby certify that the information supplied with this filling 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, of on an attachment with all other like empowered.

8.4 CITY-ST-ZIP

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Mar 02, 1999 8:00 am Secretary of State

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