

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

FILED  
Jun 29 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99 000001747 ✓

1. Corporation Name  
**AMERISURE BUSINESS SOLUTIONS OF FLORIDA TWO, INC.**

Principal Place of Business <b>339 6th AVE. WEST BRADENTON, FL 34205</b>	Mailing Address <b>339 6th AVE. WEST BRADENTON, FL 34205</b>
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05/05/99 90150 048 758.75  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/31/98</b>	4. FEI Number <b>65-0885406</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>DORRIS, VIRGINIA A. 339 6th AVE. WEST BRADENTON, FL 34205</b>		10. Name and Address of New Registered Agent		
81. Name				
82. Street Address (P.O. Box Number is Not Acceptable)				
83.				
84. City	<b>FL</b>	85. 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINMAN, R. DOUGLAS</b>	1.2 NAME	
STREET ADDRESS	<b>76199 GALWAY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOVI, MI 48374</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIETERLE, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>3039 RAINBOW CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORRIS, VIRGINIA A.</b>	3.2 NAME	
STREET ADDRESS	<b>339 6th AVENUE WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, RICHARD F.</b>	4.2 NAME	
STREET ADDRESS	<b>6295 BLOOMFIELD GLENS WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOOMFIELD, MI 48332</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(b), 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.

SIGNATURE: Virginia A. Dorris 11/2/99 941-795-1836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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