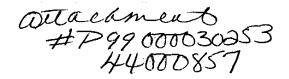
## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **FILED** Jan 12, 2004 8:00 am Secretary of State

1. Entity Nam	VIENT # P99000030 ELOYERS INSURANCE, INC		01-12-2004 90007 016 ***150.00						
SUITE 250 WEST PALM I	GRESS AVENUE BEACH, FL 33407 lace of Business	•							
Suite, Apt.	. 5CMC C	01072004 Chg-P CR2E034 (10/03)							
City & State	9	City & State			4. FEI Numb		<del></del>		plied For at Applicable
Zip Country Zip		Zip	Country			of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent	J	Name O	7. Name and	Address of New R	egistered A	gent	
4400 N CC	TSOURCING ATTN:TERRY N NGRESS AVE #250 LM BEACH, FL 33407	Name							
				City			FL	Zip Cod	θ
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s register	ed office or registe	red agent, or bo	th, in the State of Flo		amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)	· · · ·	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS Delete	1 1. TITLI		ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HANEMANN, CHARLES 1001 BRICKELL BAY DR 27TH F MIAMI, FL 33131		NAM STRE	1				Change	L Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D · MNAYMNEH, SAMI 1001 BRICKELL BAY DR 27TH F MIAMI, FL 33131	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD KNEIP, ROBERT C 4400 N CONGRESS AVE 250 MIAMI, FL 33131	(1) Delete					=	Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	TCFO MAYOTTE, TERRACE A 4400 N CONGRESS AVE 250 MIAMI, FL 33131	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSEN, RICK 1001 BRICKELL BAY RD MIAMI, FL 33131	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, STEPHEN 4400 N CONGRESS AVE 250 MIAMI, FL 33131	☐ Delete						Change	Addition
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trastee emp or on an attachment with an address,	true and accurate and that	my signa	ture shall have the	same legal effe	ct as if made under i	oath: that I a	ım an officer	or director



## **OWNERS AND OFFICERS**

WRI Employers Insurance, thc.
Federal Employer Identification Number: 65-0927588
Date of Incorporation: 4/1/1999

Name	Title	Ownership Interest	Business Address
Terry P. Mayotte	Chief Financial Officer	0% Ownership	4400 North Congress Avenue Suite 250
	Treasurer,		West Palm Beach, Florida 33407
	and Director		
Rick Rosen	Vice President,	0% Ownership	1001 Brickell Bay Dive 27th Floor
	Assistant Secretary		Miami, Florida 33131
	and Director		
	5 5 4		
Stephen M. Melvin	Secretary	0% Ownership	4400 North Congress Avenue Suite 250
			West Palm Beach, Florida 33407
Oasis Outsourcing Holdings, Inc.	Owner	100% owner of	4400 North Congress Avenue Suite 250
		WRI Employers	West Palm Beach, Florida 33407
		Insurnace, Inc.	
Sami W. Mnaymneh	Director	0% Ownership	1001 Brickell Bay Drive 27th Floor
			Miami, Florida 33131
Charles J. Hanemann	. Director	0% Ownership	1001 Brickell Bay Drive 27th Floor
			Miami, Florida 33131
		Land to the second of the seco	