FILED May 01, 2000 8:00 am Secretary of State 02-02-2000 90119 001 ***300.00

DOCUMENT # P99000033038

1. Entity Name

BANKASSURANCE INC.

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									12-02-201	ハランエエ	2 001	300.00
rincipal Place	of Business	 	Mailing Ad	dress							-	
39 HOLLYWOO DLLYWOOD FL	DD BLVD. STE. 1A 33021			WOOD BLVD. D FL 33021-674								
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Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number Applied For (5-29/1066 Not Applied For					<u> </u>
Zip Country			Zip . Coun			lry		Certificate of Status			\$8.75 Add	litional
	6. Name and Addr	ess of Current Re	nistered A	gent			7. N	lame and Address	of New Re			<u> </u>
	21 THING WILL PARK		- g	0		Name			3	<u></u>		
1A/ICAN	ER, LAWRENCE											
3939	HOLLYWOOD BLVD YWOOD FL 33021	. STE. 1A			1	Street Addres	ss (P.O. Bo	ox Number is Not A	cceptable)			
		٠				City				FL	Zip Cod	e
The shows	named entity submits t	his statement for t	he oumoso	of changing its	rocistor	d office or regis	tered an	ent or holft in the	State of Figs	ida	l	
. THE ADDVE	named entity submits t	nis statement for t	na purposa	Or Crianging it	s registere	o onice or regio	ncica ag	ent, or bonn, and the	Diale Of Fib.	icia.		
SIGNATURE "	Signature, typed or printed narr	e of registered agent and	title it applicab	le. (NO	TE: Registere	d Agent signature requ	uired when re	einstating)		DATE		
			T					T				
	ration is eligible to sati		.ما			IS \$150.00	.	10. Election Ca			\$5.0	0 May Be
_	equirement and elects is on back)	.0 400 80.				will be \$550.0 epartment of S		Trust Fund	Contribution	. [Added	to Fees
•				Oncox raya		Spartment of c		DITIONS (CHANG	O TO OFFI	OCDC AND	DIRECTOR	0) \ 1.1
11.		OFFICERS AND D	IRECTORS		12.		AU	DITIONS/CHANG	ES IU OFFI	CENS AND		
INTLE	D MIENED LAWDEN	re		☐ Delete	TITL Nam	- 1					Change	Addition
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CITY-ST-ZIP	1				T LIE	1-01-51						

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CYLLOGUE BEOURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #