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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | MENT # S6690 NCAID INSURANCE AGEN | | | |
|---|--|-----------------------------------|-------------------------|--|
| Principal Place | e of Business | Mailing Address | | I SANIANA LLA CLILLA ELLIA EGLILI COCIL ENGLI CICAL ALDEI CIENT CICAL |
| 5259 STEWAR | T \$T | 5259 STEWART ST | | |
| MILTON FL 3 | 2570 | MILTON FL 32570 | | DO NOT WOUTE IN THE OPLOS |
| US | | US | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified |
| | | | | 07/12/1991 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 | | 59-3084422 Not Applicable |
| Suite, Apt. | H. etc. | Suite, Apt. #, etc. | | 60 7F A 4 1114 |
| 22 | , | 27 | | 5. Certificate of Status Desired Fee Regulred |
| City & State | 9 | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 26 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. X Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registered Agent |
| KIN | C ai d, Paul R., Jr. | | 81 18 | Name |
| 525 | 9 STEWART ST | | 82 9 | Street Address (P.O. Box Number is Not Acceptable) |
| MIL | T ÖN FL 32570 | |] - | of services (i.e., box from services appeals) |
| | | | 83 | |
| | | | 84 0 | City 85 Zip Code |
| | | | • | FL 2000 |
| 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 | Signature, typed or printed manie of registered as | gent and title if applicable. (NO | OTF: Registered Agent s | signature required when reinstating) DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | Change Addition |
| NAME | KINCAID, PAUL R., JR. | | 1.2 NAME | |
| STREET ADDRESS | 5259 STEWART ST | | 1.3 STREET ADD | DDRESS |
| CITY-ST-ZIP | MILTON FL | | 1.4 CITY - ST - Z | -ZIP |
| TITLE | डा | DELETE | 2.1 TITLE | Change Addition |
| NAME | KINCAID, PAUL R., JR. | | 2.2 NAME | |
| STREET ADDRESS | 5259 STEWART ST | | 2.3 STREET ADE | DORESS |
| CITY-ST-ZIP | MILTON FL | | 2. 4 CITY - ST- Z | -ZIP |
| TITLE | | DELETE | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADD | DDRESS |
| CITY-ST-ZIP | | | 3.4. CITY-ST-Z | - ZIP |
| TITLE | | DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | • | | 4.3 STREET ADD | DORESS |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZI | 1 |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADD | DORESS |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZI | .ZIP |
| TITLE | | ☐ DELETE | 6.1 TOTLE | Change Addition |
| NAME | | | 6.2 NAME | |
| OTOPIC ADDOCAA | | | | PROFESSOR STATE OF THE |

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)(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.

FILED

Apr 20 1998 8:00am

Secretary of State