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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90244 010 ***150.00

DOCUMENT # S75077 1. Corporation Name UNDERWRITERS CONSULTING SERVICES, INC.						AIRII 81811 616	III BIBNI BIB IL 1 881	
Principal Place	of Business	Mailing Address				JISII B1811 B18	II BIBIS BIBII SBBI	
8155 MIZNER L		8155 MIZNER LANE						
BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS	CDACE		
					3. Date Incorporated or Qualifed	SPACE		
					08/21/1991		•	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0280285		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	· · · · · ·	Additional		
22 27					5. Controlle of Classification		Required	
City & State City & State					6. Election Campaign Financing		May Be d to Fees	
23 7:n	Country Zip Co		Countr		Trust Fund Contribution		a to rees	
Zip	Country 25		30	,	This corporation owes the current year Interpretation Personal Property Tax.	langible ☐ Yes	2 500	
24	9. Name and Address of Current		30		10. Name and Address of New Registered	Agent		
			81	Name				
BAHM, GEORGE				Street Add	ress (P.O. Box Number is Not Acceptable)			
8155 MIZNER LANE			82	Sileet Add	address (P.O. Box Nulliber is Not Acceptable)			
BOC	A RATON FL 33433		83					
			84	City		85 Zij	p Code	
				'	FL			
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 name of registered agen	t and title if applicable (NOTE: I	Pagistered Age	ent signatura raquire	ed when reinstating) DATE	•		
12.		D DIRECTORS	13.	in agrature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE			1.1 TITLE			Change		
NAME	BAHM, GEORGE 12N		1.2 NAME		•		1:	
STREET ADDRESS	8155 MIZNER LANE 1.3 S		1.3 STREE	TADORESS			,	
CITY-ST-ZIP	BOCA RATON, FL 33433 140		1.4 CITY-5	ST-ZIP				
TITLE	DELETE 2.1 TI		2.1 TITLE	}		Change	e Addition	
NAME			2.2 NAME					
STREET ADDRESS				TADORESS	·			
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP	·	Change	e Addition	
TITLE		☐ DETE15	3.1 HILE 3.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-				}	
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	je 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	T ADDRESS	`			
CITY-ST-ZIP			5.4 CITY-1				je	
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e [] Applifor	
NAME I			6.2 NAME					
STREET ADDRESS			0.3 STREE	TADDRESS	,			

6.4 CITY-ST-ZIP 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 any attachment with an address, with all other like empowered.

SIGNATURE:

GEORGE BAHM

(561) 479-2536