

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90084 036 ***150.00

DOCUMENT # **S94042**

1. Corporation Name

FLORIDA INTERNATIONAL UNDERWRITERS, INC.

Principal Place of Business

**2300 GLADES RD
STE - 135
BOCA RATON FL 33431-7335
US**

Mailing Address

**2300 GLADES RD
STE - 135
BOCA RATON FL 33431-7335
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1991

4. FEI Number

65-0301098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

**DEWEY, NANCY G
2300 GLADES ROAD SUITE 135 EAST
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **NANCY DEWEY FELLOWS**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **SAME**

84 City **FL** **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **FELLOWS, C.W.A.**
CITY-ST-ZIP **2300 GLADES ROAD / STE - 135E
BOCA RATON FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCROPE, S.E.**
CITY-ST-ZIP **2300 GLADES ROAD / STE - 135E
BOCA RATON FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LUND, H.N.**
CITY-ST-ZIP **2300 GLADES RD / STE - 135E
BOCA RATON FL**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **DEWEY, NANCY G**
CITY-ST-ZIP **2300 GLADES RD / STE 135E
BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VS**
4.3 STREET ADDRESS **FELLOWS, NANCY D.**
4.4 CITY-ST-ZIP **2300 GLADES RD / STE 135E
BOCA RATON FL 33431**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Nancy D. Fellows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 5613921323
Date Daytime Phone #

CR2E034 (1/98)