COR ANNU	NOW: FILING FEE A PROFIT PORATION JAL REPORT 1999		FLORIDA DEPA	ARTMENT rine Har ary of Stat	OF STATE ris	Feb 20 Secr 02-20-1	FILE 0, 1999 etary	9 8:00 of Sta	
 Corporation 	MENT # VO4722 Name O INSURANCE OF SOUTH		e coral, inc.						
rincipal Place of Business 148 DEL PRADO BLVD S APE CORAL FL 33904 S		Mailing Address 2948 DEL PRADO BLVD S. CAPE CORAL FL 33904 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						01/03/1992 4. FEI Number	· · · · · · · · · · · · · · · · · · ·		
2. Principal Pl	ace of Business	2a. 26	Mailing Address			65-0406567			plied For t Applicable
Suite, Apt. (#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Des	ired	\$8.75 Eee B	Additional equired
City & State		27	27 City & State			6. Election Campaign Financing			5.00 May Be
Zip	Country	28	Zip	Соц	untry	Trust Fund Contribution 8. This corporation owes to			to Fees
]	25	29		30	- 	Personal Property Tax.		Yes	□No
	9 Name and Address of Curre	nt Regis	stered Agent		81 Name	10. Name and Address of	New Registere	d Agent	
4148	Back, Dave Palm Beach Blvd				82 Street Add	tress (P.O. Box Number is Not /	Acceptable)	<u>+v</u>	
FT M	IYERS FL 33916				83				
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1. Pursuant f	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Stati	utes, the a	84 City	poration submits this statement	For the purpose	L	Code registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age	e of Florid ations of ent and trile	da. Such change was , Section 607.0505, F if applicable. (NO	authorize Iorida Stat	84 City above-named corp d by the corporat tutes.	ion's board of directors; i hereb	for the purpose y accept the app DATE	L of changing its ointment as re	registered gistered
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-542-7300 Daytime Phone # <u>1-8-48</u> Data