

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 APR 21 AM 8:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V12361

(4)

1. Corporation Name

NAL INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

**500 CYPRESS CREEK ROAD WEST
590
FORT LAUDERDALE FL 33309
US**

**500 CYPRESS CREEK ROAD WEST
SUITE 590
FORT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1992

3a. Date of Last Report

03/18/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0326597

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 has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

21

26

4.

5.

6.

8.

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMO CORPORATE SERVICES, INC.
100 N.E. THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301**

81 Name

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

83

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CDC
BARTOLINI, ROBERT R.
500 CYPRESS CREEK RD. W, STE 590
FT. LAUDERDALE FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PCSD
SCHAEFFER, JOHN T.
500 CYPRESS CREEK RD W, STE 590
FT. LAUDERDALE FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
STYKA, FRED
500 CYPRESS CREEK RD W, STE 590
FT. LAUDERDALE FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPAS
CARLSON, ROBERT J.
500 CYPRESS CREEK RD W, STE 590
FT. LAUDERDALE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
WOODSIDE, JOANN
500 CYPRESS CREEK RD W, STE 590
FT. LAUDERDALE FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

305-928-8200