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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33309-6157 US

3. Date Incorporated or Qualified: 02/05/1992
3a. Date of Last Report: 03/18/1996
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 s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 8367
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Lauderdale FL
Zip 24 / Country 25	Zip 29 33310-8367 / Country 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Mercedes Padin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 500 Cypress Creek Road West, Ste 590
83
84 City: Fort Lauderdale **FL** 85 Zip Code: 33309

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: Mercedes Padin — Mercedes Padin — 3/10/97
(Signature of President of Registered Agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARTOLINI, ROBERT R.	1.2 NAME	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PCSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHAEFFER, JOHN T.	2.2 NAME	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STYKA, FRED	3.2 NAME	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VPAS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, ROBERT J.	4.2 NAME	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODSIDE, JOANN	5.2 NAME	
STREET ADDRESS	500 CYPRESS CREEK RD W, STE 590	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: JoAnn Woodside — JoAnn Woodside — 3/10/97 — 954-958-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0267087