

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
 09-01-1999 90014 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V12361**
 1. Corporation Name
NAL INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address
500 CYPRESS CREEK ROAD WEST STE. 590 FORT LAUDERDALE FL 33309 US
P O BOX 8367 FT LAUDERDALE FL 33310-367 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
5217 Coconut Creek Parkway Suite, Apt. #, etc. Margate, FL 33063
26 11825 N. Pennsylvania St. Suite, Apt. #, etc. Carmel, IN 46032
 City & State Zip Country
Margate, FL 33063 US
27 A2A
28 Carmel, IN 46032 US

3. Date Incorporated or Qualified
02/05/1992
 4. FEI Number Applied For
65-0326597 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. Yes No

9. Name and Address of Current Registered Agent
JONES, R.K. KENNON ESQ.
~~500 CYPRESS CREEK ROAD WEST STE 590 FT LAUDERDALE FL 33309~~
5217 Coconut Creek Parkway Margate, FL 33063

10. Name and Address of New Registered Agent
 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	DYER, WILLIAM B	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COMBS, ANDREW	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUNEO, NGAIRE	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONNET, MICHAEL	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUBREGESSEN, ANDREW	
STREET ADDRESS	500 CYPRESS CREEK RD. W, STE 590	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5217 Coconut Creek Parkway	
1.4 CITY-ST-ZIP	Margate, FL 33063	
2.1 TITLE	VP/COO/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700	
2.4 CITY-ST-ZIP	New York, NY 10151	
3.1 TITLE	COB/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larkin, James J.	
3.3 STREET ADDRESS	11825 N. Pennsylvania St.	
3.4 CITY-ST-ZIP	Carmel, IN 46032	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700	
4.4 CITY-ST-ZIP	New York, NY 10151	
5.1 TITLE	VP/CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Haseley, Timothy W.	
5.3 STREET ADDRESS	11825 N. Pennsylvania St.	
5.4 CITY-ST-ZIP	Carmel, IN 46032	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *James J. Larkin* James J. Larkin 8/30/99 (317)817-6000

CR2E034 (5/99)