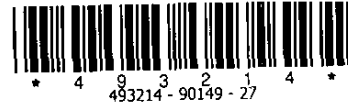


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90149 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>Y 24248</u>			
1. Corporation Name <u>L.A. INSURANCE, INC</u>			
Principal Place of Business <u>914 HENRY AVE</u> <u>LEHIGH ACRES, FL 33936</u>		Mailing Address <u>914 HENRY AVE</u> <u>LEHIGH ACRES, FL 33936</u>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <u>05-0308621 (JAN 1992)</u>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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.		81 Name <u>DIANE CHAMPION</u>	
SIGNATURE <u>Tami Baker</u>		82 Street Address (P.O. Box Number is Not Acceptable) <u>520 CLAYTON AVE</u>	
(NOTE: Registered Agent signature required when reinstating)		83	
12. OFFICERS AND DIRECTORS		84 City <u>LEHIGH ACRES</u> FL 85 Zip Code <u>33936</u>	
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
1.5 CITY-ST-ZIP		2.1 TITLE	
1.6 NAME		2.2 NAME	
1.7 STREET ADDRESS		2.3 STREET ADDRESS	
1.8 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
1.9 CITY-ST-ZIP		3.1 TITLE	
1.10 NAME		3.2 NAME	
1.11 STREET ADDRESS		3.3 STREET ADDRESS	
1.12 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
1.13 CITY-ST-ZIP		4.1 TITLE	
1.14 NAME		4.2 NAME	
1.15 STREET ADDRESS		4.3 STREET ADDRESS	
1.16 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
1.17 CITY-ST-ZIP		5.1 TITLE	
1.18 NAME		5.2 NAME	
1.19 STREET ADDRESS		5.3 STREET ADDRESS	
1.20 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
1.21 CITY-ST-ZIP		6.1 TITLE	
1.22 NAME		6.2 NAME	
1.23 STREET ADDRESS		6.3 STREET ADDRESS	
1.24 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
1.25 CITY-ST-ZIP		6.5 TITLE	
1.26 NAME		6.6 NAME	
1.27 STREET ADDRESS		6.7 STREET ADDRESS	
1.28 CITY-ST-ZIP		6.8 CITY-ST-ZIP	
1.29 CITY-ST-ZIP		6.9 TITLE	
1.30 NAME		6.10 NAME	
1.31 STREET ADDRESS		6.11 STREET ADDRESS	
1.32 CITY-ST-ZIP		6.12 CITY-ST-ZIP	
1.33 CITY-ST-ZIP		6.13 TITLE	
1.34 NAME		6.14 NAME	
1.35 STREET ADDRESS		6.15 STREET ADDRESS	
1.36 CITY-ST-ZIP		6.16 CITY-ST-ZIP	
1.37 CITY-ST-ZIP		6.17 TITLE	
1.38 NAME		6.18 NAME	
1.39 STREET ADDRESS		6.19 STREET ADDRESS	
1.40 CITY-ST-ZIP		6.20 CITY-ST-ZIP	
1.41 CITY-ST-ZIP		6.21 TITLE	
1.42 NAME		6.22 NAME	
1.43 STREET ADDRESS		6.23 STREET ADDRESS	
1.44 CITY-ST-ZIP		6.24 CITY-ST-ZIP	
1.45 CITY-ST-ZIP		6.25 TITLE	
1.46 NAME		6.26 NAME	
1.47 STREET ADDRESS		6.27 STREET ADDRESS	
1.48 CITY-ST-ZIP		6.28 CITY-ST-ZIP	
1.49 CITY-ST-ZIP		6.29 TITLE	
1.50 NAME		6.30 NAME	
1.51 STREET ADDRESS		6.31 STREET ADDRESS	
1.52 CITY-ST-ZIP		6.32 CITY-ST-ZIP	
1.53 CITY-ST-ZIP		6.33 TITLE	
1.54 NAME		6.34 NAME	
1.55 STREET ADDRESS		6.35 STREET ADDRESS	
1.56 CITY-ST-ZIP		6.36 CITY-ST-ZIP	
1.57 CITY-ST-ZIP		6.37 TITLE	
1.58 NAME		6.38 NAME	
1.59 STREET ADDRESS		6.39 STREET ADDRESS	
1.60 CITY-ST-ZIP		6.40 CITY-ST-ZIP	
1.61 CITY-ST-ZIP		6.41 TITLE	
1.62 NAME		6.42 NAME	
1.63 STREET ADDRESS		6.43 STREET ADDRESS	
1.64 CITY-ST-ZIP		6.44 CITY-ST-ZIP	
1.65 CITY-ST-ZIP		6.45 TITLE	
1.66 NAME		6.46 NAME	
1.67 STREET ADDRESS		6.47 STREET ADDRESS	
1.68 CITY-ST-ZIP		6.48 CITY-ST-ZIP	
1.69 CITY-ST-ZIP		6.49 TITLE	
1.70 NAME		6.50 NAME	
1.71 STREET ADDRESS		6.51 STREET ADDRESS	
1.72 CITY-ST-ZIP		6.52 CITY-ST-ZIP	
1.73 CITY-ST-ZIP		6.53 TITLE	
1.74 NAME		6.54 NAME	
1.75 STREET ADDRESS		6.55 STREET ADDRESS	
1.76 CITY-ST-ZIP		6.56 CITY-ST-ZIP	
1.77 CITY-ST-ZIP		6.57 TITLE	
1.78 NAME		6.58 NAME	
1.79 STREET ADDRESS		6.59 STREET ADDRESS	
1.80 CITY-ST-ZIP		6.60 CITY-ST-ZIP	
1.81 CITY-ST-ZIP		6.61 TITLE	
1.82 NAME		6.62 NAME	
1.83 STREET ADDRESS		6.63 STREET ADDRESS	
1.84 CITY-ST-ZIP		6.64 CITY-ST-ZIP	
1.85 CITY-ST-ZIP		6.65 TITLE	
1.86 NAME		6.66 NAME	
1.87 STREET ADDRESS		6.67 STREET ADDRESS	
1.88 CITY-ST-ZIP		6.68 CITY-ST-ZIP	
1.89 CITY-ST-ZIP		6.69 TITLE	
1.90 NAME		6.70 NAME	
1.91 STREET ADDRESS		6.71 STREET ADDRESS	
1.92 CITY-ST-ZIP		6.72 CITY-ST-ZIP	
1.93 CITY-ST-ZIP		6.73 TITLE	
1.94 NAME		6.74 NAME	
1.95 STREET ADDRESS		6.75 STREET ADDRESS	
1.96 CITY-ST-ZIP		6.76 CITY-ST-ZIP	
1.97 CITY-ST-ZIP		6.77 TITLE	
1.98 NAME		6.78 NAME	
1.99 STREET ADDRESS		6.79 STREET ADDRESS	
1.100 CITY-ST-ZIP		6.80 CITY-ST-ZIP	
1.101 CITY-ST-ZIP		6.81 TITLE	
1.102 NAME		6.82 NAME	
1.103 STREET ADDRESS		6.83 STREET ADDRESS	
1.104 CITY-ST-ZIP		6.84 CITY-ST-ZIP	
1.105 CITY-ST-ZIP		6.85 TITLE	
1.106 NAME		6.86 NAME	
1.107 STREET ADDRESS		6.87 STREET ADDRESS	
1.108 CITY-ST-ZIP		6.88 CITY-ST-ZIP	
1.109 CITY-ST-ZIP		6.89 TITLE	
1.110 NAME		6.90 NAME	
1.111 STREET ADDRESS		6.91 STREET ADDRESS	
1.112 CITY-ST-ZIP		6.92 CITY-ST-ZIP	
1.113 CITY-ST-ZIP		6.93 TITLE	
1.114 NAME		6.94 NAME	
1.115 STREET ADDRESS		6.95 STREET ADDRESS	
1.116 CITY-ST-ZIP		6.96 CITY-ST-ZIP	
1.117 CITY-ST-ZIP		6.97 TITLE	
1.118 NAME		6.98 NAME	
1.119 STREET ADDRESS		6.99 STREET ADDRESS	
1.120 CITY-ST-ZIP		6.100 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

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: Tami Baker, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(941) 368-3606

Daytime Phone #

CR2E034 (11/98)