## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V62183

(1)

NORTH	<b>AMERICAN</b>	INSURANCE	UNDERWRITERS.	INC.
		HIJOURNITUL	UNUENWILLEND	HIV.

29656 US 19 NORTH   29656 US 19 NORTH   SUITE 200   SUITE 200   CLEARWATER FL 34621   US	11011111			, ,,,,,,,					
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Suite Api # etc.   Suite Api #	2. Principal Pi	ace of Business	2a. Mailing Add	dress					
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Cry & State		#, etc		#, etc.			1		
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Zip	City & State		City & State	City & State		, -	<b>\$5.00</b> Мау Ве		
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HAMMER, HAROLD H., JR. 28050 US HWY. 19 NO. CORPORATE SOUARE, S-304 CLEARWATER FL 34621   82   Strot Address (PO Bio Number is Not Acceptable)   85   Zip Core		⊢ı ′		<b>├</b> ─-¬	Country				
HAMMER, HAROLD H., JR. 28050 US HWY. 19 NO. CORPORATE SQUARE, S-304 CLEARWATER FL. 34621   80   80   80   80   80   80   80   8	24]		····		$\neg$				
2805 US HWY. 19 NO. CORPORATE SOUARE, \$304 CLEARWATER FL 34621   83			in ricgistered Agent		81	· · · · · · · · · · · · · · · · · · ·			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florids Statutes the anovemental corporation submiss this statutement for the purpose of changing its registered agent of both in the Statute Statutes the anovemental corporation submiss this statutement for the purpose of changing its registered agent of both in the Statute Statute Statute Statute of Statute Stat					00	0	100.0		
STATE   Company   Compan					82	Street Add	iress (PO, Box Number is Not Acceptab	le)	
11. Pursuant to the provisions of Sections 607 0500 and 607 1508   Revisions the submount enemed corporations submiss this statement has the purpose of changing as registered again or both in the State of Florade State Changing was author/ced by the corporation's Located of directors. I hereby accept the approximation as registered again or both in the State of Florade State Changing was author/ced by the corporation's Located of directors. I hereby accept the approximation as registered again. I am familiar with and accept the obligations of, Section 607 0505, Florad State Like.    SIGNATURE					83				
11. Pursuant to the provisions of Sections 607 0502 acid 697 1508 Florida Statutes the anove-defined corporations submits this statement for the project of changing als registered agent or hoth in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appropriated agent and accept the obligations of Science 607 0505, Florida Statute.    SIGNATURE	ULI	EARWAIER FL 34021			0.4	City		os Zr. Codo	
agent Lam familiar with one obligations of Section 607 0505. Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICE RS AND DIRECTORS  TOWNSEND, MICHAEL F.  TOWNSEND, MICHAEL F.  TITLE  DETETE  THE D DET					64	City		FL   S   Z   P COOR	
TITLE	office or re agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Stand on the special common or ingressed as	of Florida, Such cha jations of, Section 601 eccaration (applicable)	nge was authori 7.0505, Florida S (hOTE flear	zed by Statutes	the corporat	ion's board of directors. Thereby accept	the appointment as registered	
NAME		<del></del>				····· 7···	ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS   116 WOODCREEK DR. SO.   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY. ST. 7P	,	-				ļ		La ond igo	
SAFETY HARBOR FL	1 1					ADDRESS		ļ	
TITLE	1 1					i			
STREET ADDRESS   28050 US HWY. 19 NO #304   2.3 STREET ADDRESS   CLEARWATER FL					·			Change Addition	
CLEARWATER FL	NAME NEARN, GRAHAM B.			2.2 NAME					
TITLE			4	2.3 STREET ADDRESS		ADDRESS			
NAME		CLEARWATER FL				ST-ZIP			
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CITY-ST-ZIP									
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NAME		PALM FIANDUR FL	Т			SI - ZIP		Change Addition	
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CITY - ST - ZIP 64 CITY - ST - ZIP	1								
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		ny nertify that the information supply	nd with this filter is us				aliby for the exemption stated in Section 1	19 07/3)/k) Florida Statutes I	

further certify that the information indicated on this army alreport 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 in acts of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12/or phys 13 (changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (813) 781-5000