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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P26864** (9)
1. Corporation Name:
**HEART OF AMERICA FIRE AND CASUALTY COMPANY, INCO
RPORATED**



Principal Place of Business
**518 STUYVESANT AVE
P O BOX 615
LYNDHURST NJ 07071
US**

Mailing Address
**518 STUYVESANT AVE
P O BOX 615
LYNDHURST NJ 07071-0615
US**

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
03/20/1996

2. Principal Place of Business
21 **518 Stuyvesant Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Lyndhurst, NJ**
Zip
24 **07071**

2a. Mailing Address
26 **518 Stuyvesant Ave.**
Suite, Apt. #, etc.
27
City & State
28 **Lyndhurst, NJ**
Zip
29 **07071**

Country
25 **USA**

Country
30 **USA**

4. FEI Number
43-1436329

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

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NICOSIA, ROBERT A.	
STREET ADDRESS	518 STUYVESANT AVENUE	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NICOSIA, MARGARET A.	
STREET ADDRESS	518 STUYVESANT AVENUE	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, RICHARD	
STREET ADDRESS	7029 25TH AVENUE	
CITY-ST-ZIP	GARY IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Craig Taylor	
3.3 STREET ADDRESS	518 Stuyvesant Avenue	
3.4 CITY-ST-ZIP	Lyndhurst, NJ 07071	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard G. Adams	
4.3 STREET ADDRESS	518 Stuyvesant Avenue	
4.4 CITY-ST-ZIP	Lyndhurst, NJ 07071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: **Richard G. Adams, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201-438-7223

Date

Daytime Phone #

CR2E034 (9/96)