

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.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/05/1992
 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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address
5217 Coconut Creek Parkway Suite, Apt. #, etc. 26 11825 N. Pennsylvania St. Suite, Apt. #, etc.
27 A2A
 City & State City & State
Margate, FL 28 Carmel, IN
 Zip Country Zip Country
33063 25 US 29 46032 30 US

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 DELETE
 NAME **DYER, WILLIAM B**
 STREET ADDRESS **500 CYPRESS CREEK RD. W, STE 590 FT. LAUDERDALE FL 33309**
 CITY-ST-ZIP
 TITLE **VD** DELETE
 NAME **COMBS, ANDREW**
 STREET ADDRESS **500 CYPRESS CREEK RD. W, STE 590 FT. LAUDERDALE FL 33309**
 CITY-ST-ZIP
 TITLE **D** DELETE
 NAME **CUNEO, NGAIRE**
 STREET ADDRESS **500 CYPRESS CREEK RD. W, STE 590 FT. LAUDERDALE FL 33309**
 CITY-ST-ZIP
 TITLE **D** DELETE
 NAME **BONNET, MICHAEL**
 STREET ADDRESS **500 CYPRESS CREEK RD. W, STE 590 FT. LAUDERDALE FL 33309**
 CITY-ST-ZIP
 TITLE **D** DELETE
 NAME **HUBREGESSEN, ANDREW**
 STREET ADDRESS **500 CYPRESS CREEK RD. W, STE 590 FT. LAUDERDALE FL 33309**
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE **P/CEO/D** Change 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** Change 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** Change 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 Change 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** Change 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 Change 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 8/30/99 (317)817-6000

CR2E034 (5/99)