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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 247150

(6)

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90102 005 ***150.00

1. Corporation	n Name	- ,					
S & R	INSURANCE AGENCY, INC	C.			I MARKAN KANIK MANK KANAK KUPAK AKAK ANDIK ANDIK AKAK AKAK AKAKA	ALALI AKAKI a k	
Principal Place	e of Rusiness	Mailing Address					
2901 BRIDGEPORT AVE POST OFFICE BOX 847 P.O. BOX 817							
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE		
US					 Date incorporated or Qualified 05/03/1961 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-0931432		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
2		27					Required
City & State	е	City & State			6. Election Campaign Financing		May Be
3		28 7in	Cour	tnı	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	u y	8. This corporation owes or has paid the curl Personal Property Tax due June 30.		ntangible No
4	25 g. Name and Address of Curre		30		10. Name and Address of New Registered		
148		one ringiotoriou rigo	- 1	Name			
	MES JEFFERY C.				0.00		
2901 BRIDGEPORT AVE				Street A	ddress (P.O. Box Number is Not Acceptable)		
CU	CONUT GROVE FL 33133		la la	33			
			L				
			1	B4 City	FL	85 Zir	o Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a				orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriet when reinstating) DATE	pintment a	s registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	Р	DELETE	1.1 TITL	E		Change	Addition
NAME	SAMAS JEFFERY		1 2 NAA	AE			
STREET ADDRESS	2901 BRIDGEPORT AVE		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY	r-ST-ZIP			
TITLE		DELETE	2.1 TiTt	E		Change	Addition
NAME			2.2 NAM	AE			
STREET ADDRESS		. ·	2.3 STR	EET ADDRESS	en e		v=
CITY-ST-ZIP			2. 4 CiT	Y-ST-ZiP			
TITLE		☐ DELETE	3.1 TITL	E		Change	: La Addition
NAME			3.2 NAN	4E			
STREET ADDRESS			3.3 STR	eet address			
CITY-ST-ZIP				Y-ST-ZIP		т.	
TITLE		☐ DELETE	4.1 TITL			L Change	Additio
NA M E			4. 2 NA				
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	_	/-ST-ZiP			
TITLE	,	DELETE	5.1 TITL			☐ Change	e
NAME			■ 52 NAM	AF I			

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 pn an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THEIFFREY SAMAS - PRES. 3/21/40

Change

Addition