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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 251131 1. Corporation Name

BILL BOZ	zeman insurance ag	ENCY, INC.									
Principal Place	e of Business	Mailing	g Address				1188			81411 81811 81811 81	(E)) BIVII IPEI
6400 CENTRAL AVENUE ST PETERSBURG FL 33707 . ST PETERSBURG FL 33707				17 ·				DO NOT W	RITE IN THI	S SPACE	
	÷				•		3. Date Inc.	orporated or Qualife	d		
2. Principal Pl	lace of Business	2a. Ma 26	ailing Address	:			- 4. FEI Num 59-093			Not	olied For Applicable
Suite, Apt.	#, etc.	27	ite, Apt. #, etc.	<u>-</u> ·			5. Certifcate	of Status Desired		\$8.75 A Fee Re	quired
City & State	e	28 Cit	ty & State				,	Campaign Financing nd Contribution	· 🗆	\$5.00 Added to	
Zip 24	Country 25	Zip)	Cou:	ntry	••	1	oration owes the cu Property Tax	irrent year li		□No
241	9, Name and Address of Cu		d Agent					nd Address of New	Registere	d Agent	
DO7					81	Name					
6082	eman, robert c 2 - 23rd avenue North				82	Street Ad	dress (P.O. Box N	lumber is Not Accep	otable)		
ST. F	PETERSBURG FL 33710			İ	83		<u> </u>				
					84	City			F	85 Zip C	Code
office of r	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the o	State of Florida. S	such change was a	autnorized	וו עם נ	named cor he corpora	rporation submits ition's board of dir	this statement for the ectors. I hereby acc	e nurnose o	of changing its	registered gistered
agoin. I a											
SIGNATURE	•					signature requ	ired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registers		licable. (NOT			signature requ		IS/CHANGES TO C		ND DIRECTO	RS IN 12
_	Signature, typed or printed name of registers	ed agent and title if appl	licable. (NOT	E: Registered	Agent :	signature requ		IS/CHANGES TO C		ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if appl	licable. (NOT	E: Registered	Agent :	signature requ		IS/CHANGES TO C			
SIGNATURE 12. TITLE	Signature, typed or printed name of registers OFFICER	ed agent and title if appl	licable. (NOT	E: Registered 13. 1.1 TR 1.2 NA	AME	signature requ		IS/CHANGES TO C			
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14. I hereby certify that the information supplied with this filling 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90095 007 ***150.00