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
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90012 032 ***163.75

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **622804**

1. Corporation Name

KEITH O'CONNOR INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
218 UNIVERSITY DR. PLANTATION FL 33324	218 UNIVERSITY DR. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1979

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 59-1941038 ☐ 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

9. Name and Address of Current Registered Agent

OCONNOR, BRIAN K
2 SOUTH UNIVERSITY DRIVE, STE. #210
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: O'Connor, Brian K.
82 Street Address (P.O. Box Number is Not Acceptable): 218 South University Dr.
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Brian K O'Connor — 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'CONNOR, BRIAN K. 218 UNIVERSITY DR. PLANTATION FL 33324	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST O'CONNOR, LINDA K. 218 UNIVERSITY DR. PLANTATION FL 33324	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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: Brian K O'Connor — 7/7/99 — 954-476-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

588154-90012-32
622804

Keith O'Connor Insurance Agency, Inc.
218 South University Drive
Fort Lauderdale, Florida 33324-3306
(954) 476-8866 – fax 476-9115

Katherine Harris
Secretary of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Katherine Harris, 8th day of July 1999

I just received a "2nd notice" of the 1999 Profit Corporation Annual Report. I received the original one back in April and I mailed a check and Document #622804 on the 20th of April 1999 to your office.

It appears that the original filing was lost or misplaced, please accept this new check and Document and waive the late charge. I spoke in a lady in your office, she indicated you might be willing to do this.

I have not had an opportunity to get my cancelled check from my accountant, however NationsBank assured me that my check #5656 was cashed.

If this is unacceptable, please call, fax or mail a notice to that effect.

Sincerely,

B K O'Connor, President

Brian K. O'Connor, President

Enclosure: Computer copy of payment
Document #622804 & $163.75