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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(2)

DOCUMENT # 1. Corporation Name AGENTS INSURANCE GROUP OF ROCALING

FILED
Apr 30 1998 8:00am
Secretary of State

AGLITI		OOOA; IIIO			
Principal Place	of Business	Mailing Address		1 1984188 1181 (484) 18488 (418) 61(1) 6841 6141 6141	a Militar Memie Militar Militari 1001
P.O. BOX 23470		P.O. BOX 23470			
P O BOX 23470		P O BOX 23470		DO NOT WRITE IN THIS	SPACE
FT. ŁAUDERDALE FL 33307-3470		FT. LAUDERDALE FL 33307-3470 US		3. Date Incorporated or Qualified	
""		00		01/22/1981	
2. Principal Pl	ace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-1986638	Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	[25]	29	30		Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	RTINEZ, ROBERT J		oi ivaine		ļ
	E. COMMERCIAL BLVD.		82 Street Addir	ress (P.O. Box Number is Not Acceptable)	
į FI.	LAUDERDALE FL 33334		B3 0 0 1	NL 3031.	
			83		
			84 City	AUBERDAL, FL	85 Zip Code
dd Dura cant	The second of Continue CD7 OF	00 and 007 1000 Florida Ctat		poration submits this statement for the purpose of	<u>. 33334</u>
I office or re	e nistered agent fol both in the Stat	te of Etorida. Such change was	authorized by the cornorat	tion's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and account the obligations of Section 607.0505, Florida Statules.					
SIGNATURE	Sladature, typed or hyter mine of registered a	agent and the if applicable (NO	OTE Registered Agent signature require	red when reinstating) DATE	7 7 70
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD /	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, LESLIE M		1.2 NAME		
STREET ADDRESS	451 E. COMM BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ft. Lauderdale fl		1.4 CITY - ST - ZIP		
TITLE	81	DELE te	2.1 TITLE		Change Addition
NAME	MARTINEZ, ROBERT J.		2.2 NAME		
STREET ADDRESS	451 E. COMM BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ft. Lauderdale fl		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		LJ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FT serete	5.4 CITY-ST-ZIP		T Chonno T 1 44301
TITLE	d.	☐ DELETE	6.1 TITLE		Change Addition
NAME	-		6.2 NAME		
STREET ADDRESS	.1		6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information equaling	with this films does not surdifu	for the exemption stated in	Section 119 07/3/(i) Florida Statutes I further o	artifu that the information

Inereoy 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 charged, or on phalagraphinent with an address.