

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 037 ***150.00

DOCUMENT # G57599

1. Corporation Name

PUBLIC ASSURANCE GROUP LTD., INC.

Principal Place of Business

6067 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

Mailing Address

6067 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1983

4. FEI Number

59-2317596

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2599 NW 63RD LANE

2a. Mailing Address

26 2599 NW 63RD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 BOCA RATON, FLORIDA

City & State

28 BOCA RATON, FLORIDA

Zip

24 33496

Country

25 U.S.A.

Zip

29 33496

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ROSNER, DAVID N.
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2599 NW 63RD LANE

83

84 City
BOCA RATON

FL

85 Zip Code
33496

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 PD ☒ DELETE

NAME HART, CHARLES R.
STREET ADDRESS 6067 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ DELETE

NAME MEARS, MICHELLE
STREET ADDRESS 6067 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE T ☐ DELETE

NAME SUTTON, RANDY
STREET ADDRESS 6067 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME DAVID ROSNER
1.3 STREET ADDRESS 2599 NW 63RD LANE
1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33496

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 318 E. RIVERBEND DRIVE
2.4 CITY-ST-ZIP SUNRISE, FLORIDA 33328

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 5701 STIRLING ROAD
3.4 CITY-ST-ZIP DAVIE, FLORIDA 33314

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Randy Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY D. SUTTON

4/30/99

(954) 316-5200

Date

Daytime Phone #

CR2E034 (11/98)

0144472