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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K03785 (8)
1. Corporation Name
SOUTHGATE INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
% E.H. ASMAR % E.H. ASMAR
219 SOUTH STATE ROAD SEVEN 219 SOUTH S.-R. SEVEN
MARGATE, FL 33068 MARGATE, FL 33068

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11-23-1987	03-04-1996
22	27	4. FEI Number	Applied For
23	28	65-0016957	☒ Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASMAR, EDOUARD HANNA
219 SOUTH STATE ROAD SEVEN
MARGATE, FLORIDA 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (SAME AS PREVIOUS YEARS - NO CHANGE) 3-27-97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASMAR, EDOUARD HANNA	1.2 NAME	
STREET ADDRESS	219 SOUTH STATE ROAD SEVEN	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE, FL 33068	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY-ST-ZIP	
TITLE	VP ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	APPEGATE, FRED W. III	3.2 NAME	
STREET ADDRESS	219 SOUTH STATE ROAD SEVEN	3.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE, FL 33068	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 in an attachment with an address.

SIGNATURE *[Signature]* EDOUARD H. ASMAR, PRESIDENT 03-27-97 (954) 979-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)