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

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Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # K49104 (8)

1. Corporation Name
FIDELITY INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
100 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442	100 N.W. 12TH AVENUE LEGAL DEPT DEERFIELD BEACH FL 33442 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1988

2. Principal Place of Business (21)	2a. Mailing Address (26)	111 NW 12th Avenue	
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)		
City & State (23)	City & State (28)	Deerfield Beach, FL	
Zip (24) / Country (25)	Zip (29)	33442 / Country (30)	

4. FEI Number: 65-0087356 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	SREENAN, PATRICK		1.2 NAME	Patrick Sreenan	
STREET ADDRESS	100 N.W. 12TH AVENUE		1.3 STREET ADDRESS	100 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORAN, PATRICIA, G		2.2 NAME		
STREET ADDRESS	100 N.W. 12TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, COLIN W		3.2 NAME		
STREET ADDRESS	100 NW 12TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUNNELL, CASEY		4.2 NAME		
STREET ADDRESS	100 N.W. 12TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRAN, WILLIAM		5.2 NAME		
STREET ADDRESS	100 NW 12TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHELAN, JOHN J.		6.2 NAME		
STREET ADDRESS	100 N.W. 12TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature] 3/19/98 954-429-2010