

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

**FILED**  
**May 01 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 # P94000057116 (3)**

1. Corporation Name  
**CF INSURANCE SERVICES, INC.**



Principal Place of Business  
**171 W ORANGE ST  
 APOPKA FL 32703  
 US**

Mailing Address  
**171 WEST ORANGE STREET  
 APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**308 Old Dixie Hwy.**

2a. Mailing Address  
**308 Old Dixie Hwy.**

3. Date Incorporated or Qualified  
**08/02/1994**

4. FEI Number  
**59-3260662**

Applied For  
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State  
**Apopka, FL**

28. City & State  
**Apopka FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **32712** Country **USA**

29. Zip **32712** Country **USA**

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

**DECLUE, LESTER  
 171 WEST ORANGE STREET  
 APOPKA FL 32703**

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 *Lester Declue* **Lester Declue** **4-23-98**  
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 **P**  DELETE  
 NAME **DECLUE, LESTER**  
 STREET ADDRESS **171 WEST ORANGE STREET**  
 CITY-ST-ZIP **APOPKA FL 32703**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **VD**  DELETE  
 NAME **DECLUE, CHRISTOPHER**  
 STREET ADDRESS **171 WEST ORANGE STREET**  
 CITY-ST-ZIP **APOPKA FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **TSD**  DELETE  
 NAME **DECLUE, MELINDA**  
 STREET ADDRESS **171 WEST ORANGE STREET**  
 CITY-ST-ZIP **APOPKA FL**

3.1 TITLE  Change  Addition  
 3.2 NAME **Melinda St. Germain**  
 3.3 STREET ADDRESS **~~308 Old Dixie Hwy~~ 490 N. Pin Oak Pl. #310**  
 3.4 CITY-ST-ZIP **Longwood, FL 32779**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE *Lester Declue* **Lester Declue** **4-23-98** **407-994-7842**

CR2E034 (10/97)