## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000027863 (6) DOCUMENT # 1. Corporation Name

SUNLINE INSURANCE AGENCY, INCORPORATED

Principal Plan	o of Propose							( <b>11 1</b> )188 (11 181
Principal Place of Business Mailing Address						an maart masta tif	., (866) (8)	***
1609 E. VINE STREET STE. C Kissimmee Fl. 34744		1609 E. VINE STREET STE. C Kissimmee fl 34744						
		_			3. Date Incorporated or Qualified 04/05/1995	3a. Date	of Last F	Report
——————————————————————————————————————		2a. Mailing Address			4. FEI Number			Applied For
<del></del>		26	<u></u>		65-056	0133	,	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	\$8.75	5 Additional
		27			C. Command of Builting Degring			Required
		City & State	ity & State		Election Campaign Financing \$5.00 May Be			
28 Zip Country		<del> </del>			Trust Fund Contribution Added to Fees			
Zip Country 24 25		Zip Country		This corporation has liability for intangiale tax under s. 199.032,				
9. Name and Address of Current Registered A		29	[30] •		florida Statutes Yes Yoo  10. Name and Address of New Registered Agent			
	a, rising and right and right	registered Agent	B1	Name	10. Name and Address of New	Registered A	gent	
DEICH	IONATUAN D		61	Name				
REICH, JONATHAN D 1609 E. VINE STREET STE. C KISSIMMEE FL 34744			82	Street Add	treet Address (P.O. Bax Number is Not Acceptable)			
			100					
MICCIAI	MEE FL 34/44		83					
			84	City			<b>85</b> Zi	ıp Code
11 Pursuant	to the gravitaions of Castinas COV or on	1.007.1500.5		L		FL	1 - 1	
familiar w	to the provisions of Sections 607.0502 ar red agent, or both, in the State of Florida th, and accept the obligations of Section	607.0505, Florida Statutes	red by the corp	oration's boar	rough directors. Thereby accept the ap-	rpose of char Xintment as r	ging its r øgistered	registered office Fagent, Fami
SIGNATURE	Styriative itspection printed name of registered agent and	usiela K	NE Roje teled Agre	t signature respons	dry Musulah	(nat) 7/	301	76
12.	OFFICERS AND D	MRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND D	DIRECTO	DRS IN 12
TITLE	PRESIDENT	DELETE	1.1 Title				Change	Addition
NAME	JONATHAN REICH		1.2 NAMÉ					
STREET ADDRESS	DDRESS 2109 CASSIA CIRCLE APT C		1.3 S1R64 f	ADOFESS				
CITY - ST - ZIP	KISSIMMEE, FL 34744		14 Cify S	T - ZHP				
TIFLE	VICE PRESIDENT		2.1161,6				Change	Addit an
NAME	AMY MUSIELAK		2.2 NAME				3	
STREET ADDRESS	DECC		2.3 STREET ADDRESS					
CITY - S! - Z:P	2109 CASSIA CIRCLE APT C			T ZiP				
TITLE	KISSIMMEE, FL 34744		3 1 7171.5	- =			Change	Addition
NAME			3.2 NAME			<b></b>		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CrT v - S	[-7]P				i
TITLE	VICE DECIDENCE	<b>▼</b> DELETE	4 1 HILE				Change	Addit.on
NAME	VICE PRESIDENT MICHAEL ROSENBER	 G	4.2 NAME			ليا	- mango	
STREE! ADDRESS	13711 DORNOCH DR	_	4.3 STHEET	ADDRESS 1				
CITY - ST - ZIP			44 C TY - S					
TITLE	ORLANDO, FL 3282	DELETE	5 1 TiTLE			<del></del>	Change	Addition
NAME		-	5.2 NAME				_ 13.19.	E Madrida
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CiTY - ST					
TITLE		☐ DELETE	6 1 THILE	- 411		<u></u>	Change	Addition
NAME		•	6.2 NAME			U	onange	
STREET ADDRESS			6 3 STREET	Annatos				1
· · <del>- •</del>			o a a intti-	SUUMESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes | 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 cath; 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 hin an attachment with an address.

6.4 CHY+ST-ZIP

SIGNATURE:

LISULULA ME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPEO OR PRINTED NAME OF

(407)933-7866