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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029759

1. Corporation Name

COMMERCIAL INSURANCE RESOURCES, INC.

Principal Place	e of Business	Mailing Address			1 18011001 150 10111 10011 00111 00111 20111 0011		***************************************
144 WOODRIDG		144 WOODRIDGE TRAIL					
SANFORD FL 32771 SANFORD FL 32771					DO MOT MOTE ALTER	0.004.05	
					DO NOT WRITE IN THI	S SPACE	- -
					3. Date Incorporated or Qualifed		
	<u> </u>				03/31/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-3437312		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I		_
24	25	29 3	0		Personal Property Tax.	☐ Yes □	□No
<u>-:</u> 1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81 Na	me			
_	d, maria		82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
144 WOODRIDGE TRAIL				eer Addres	SS (1.0. Box (valide) is vice / leading.		
SANFORD FL 32771			83				
			04 00			85 Zip C	ode
			84 Cit	:y	. F		1
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such change was aut	norized by the C	corporation	ration submits this statement for the purpose or 's board of directors. I hereby accept the app	ointment as reg	Jistered
	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	legistered Agent signa	sture required v	when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AI	ant and title if applicable. (NOTE: R	tegistered Agent signa	ature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	
12.		An are too a special to		eture required v		AND DIRECTO	RS IN 12
TITLE	OFFICERS AI	ND DIRECTORS	13.	v beniupen enute			
TITLE NAME	P REED, MARIA	ND DIRECTORS	13. 1.1 TITLE				
TITLE NAME STREET ADDRESS	P REED, MARIA 144 WOODRIDGE TRAIL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME				
TITLE NAME	P REED, MARIA 144 WOODRIDGE TRAIL SANFORD FL 32771	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P REED, MARIA 144 WOODRIDGE TRAIL SANFORD FL 32771 ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP			Change	Addition
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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 procedure 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 an any attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition