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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1	JAL REPORT <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
	iii Naine	93164	•	6)									
ROBERT	r. Race ins	URANCE AGEI	NCY, INC.										
Principal Plac	e of Business		Mailing Address										
% ROBERT R	RACE	P.O. BOX 855. N/A											
17521 US HW	441. STE. 1. CENTU	JRY PLAZA	17521 US HM	Y 441. STE.									
MOUNT DORA	FL 32757		MOUNT DOR/ US	A FL 327574	6737				3. Date Incorporated or Qua	lified T	3a. Date o	of Last R	enori
			••						06/30/1981		04/08/		ope
	lace of Business		2a. Mailing A	ddress				· ·	4. FEI Number		0 1/00/		plied for
21			26						59-2111643	Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desire	ed [	□ <b>\$</b>		Additional
City & State			City & State						C Startian Compaign Sinone			Fee Re	<del>'</del>
23			28						<ol><li>Election Campaign Finance Trust Fund Contribution</li></ol>			\$5.00 Added t	
Zip 24	Co 25	untry	7(p)	* ************************************	Cou	ntry			This corporation has liabil Florida Statutes		angible tax	under s.	··· · ·
		Idress of Current f		nt	LEGI				ID. Name and Address of N	ew Regis	stered Age	nt	
	E, ROBERT R					81	Name						
	4 MORNINGSIDE				82	Street A	ddress	(P.O. Box Number is Not Ac	ceptable	)			
MOL	JNT DORA FL 32				83						<del></del>		
						03							
						84	City				Fi 8	5 Zip (	Code
11. Pursuant	to the provisions of	Sections 607,0502 a	and 607.1508, F	lorida Štatu	les, the al	)OVE	named c	corpora	ition submits this statement fo 's board of directors. I hereby	r the pur	pose of cha	anging it	s registered
office or r agent. I a	egistered agent, or im familiar with, and	both, in the State of accept the obligation	Florida. Such cl ons of, Section 6	hange was 607 0505, FI	authorizei Iorida Stat	d by ules	the corpo	oration	's board of directors. I hereby	accept t	the appoint	ment as	registered
SIGNATURE													
12.	Signature, typed or printed	OFFICERS AND I		(60)	IE Registered	i Age	nt signature re	единей м	ther recestating) ADDITIONS/CHANGES TO		DATE PO AND DIE	BECTOR	S INI 12
TITLE	PTD	CATTOLITO AND C		DELETE	1116	ı Ilf			ADDITIONO/OFIANGEO TO	OTTIOLI		Change	Addition
NAME	RACE, ROBERT	R		1.2 N/	12 NAME						•		
STREET ADDRESS 17521 US HWY. 441, STE. 1,			ENTURY PLAZ	1351	13 STREET ADDRESS								
CITY-ST-ZIP	MOUNT DORA	FL			140	IY-S	r-ZiP						
TITLE	VSD		<u>.                                    </u>	DELFTE	2 1 111						IJ	Change	Addit₄on
NAME PERFET ADDRESS	RACE, MARY E 17521 US HWY	MTHDV DI 474	L	2 2 N/		Interes							
STREET ADDRESS CITY-ST-ZIP	MOUNT DORA		MIONI FLAZ	•	2 4 0		ADDRESS						
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NAME.				•	3.2 NA	Mξ							
STREET ADDRESS					3381	KEET	ADDRESS						
CITY-ST-ZIP			···· · · - ·		3.4. CI		1 - ZIF						
TITLE			L	DELETE	4.1 111							Change	Addilion
NAME DEDUCE ADDRESS					4. 2 N		ADDRESS						
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TITLE				OCLETE	5.1 T()		1.50					Change	Addition
NAME					5.2 NA								
STREET ADDRESS					5.3 \$1	REE1.	ADDRESS						
CITY-ST-ZIP					5.4 CI	Y-S1	- 7IP						
TITLE			Ĺ`	DELETE	6.1 T(1							Change	Addition
NAME					6.2 NA								
STREET ADDRESS					6.3 \$1	REFT.	ADDRESS						

64 CITY-ST-ZIP

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 18 if Thanged, or on an attachment with an address.

**FILED** 

Mar 14 1997 8:00am