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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$16252 (6) JUDITH A. CINOTTI INSURANCE AGENCY, INC.

Principal Place of Business 3857 WEKIVA SPRINGS RD LONGWOOD FL 32779-0362

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3857 WEKIVA SPRINGS RD LONGWOOD FL 32779-0362

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date incorporated or Qualified

11/30/1990

4. FEI Number

Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State Suite, Apt. 6, etc. County Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & Suite Suite, Apt. 6, etc. Suite, Apt. 7, e	21		26				59-3040280		Not Applicable	
CRY & State CRY &	Suite, Apt.							\$8.75	Additional	
Zip Country Zip							5. Certificate of States Desired	Fee	Required	
Zip	⊢ ′	e	City & Sta	ate			, , , <u> </u>		- 1	
23 25 26 26 27 27 27 27 27 27								:		
9, Name and Address of Current Registered Agent CINOTTI, JUDITH A. 3857 WERVIA SPRINGS RD LONGWOOD FL 32779 11. Pursuant to the provision of Seatons 807,0502 and 607,1503, Florida Statutes, the above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, the above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, the above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, the above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, The above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, The above-named corporation automits this statement for the purpose of rhanging its registered agent. I am femiliar with, and accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, The appointment as registered agent. I am femiliar with, and accept the obligations of, Seatons 807,0503, Florida Statutes, The purpose of Name Provided with the statement for the purpose of rhanging its registered agent. I am femiliar with a statement for the purpose of the p	⊢	⊢ , ′	 			1	· - ·	·	¥:-	
CINOTTI, JUDITH A 3857 WENIVA SPRINGS RD LONGWOOD FL 32779 11. Pursuant to the provisione of Sections 607 (5502 and 607 1508, Portida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Rovida, Such change was authorized by the corporation's board of directors. Thereby accept the displacement of Cross, Pichada Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 (5505, Pichada Statutes). SIGNATURE Signature, typeds or private feater of registered agent and tile fapotable. Porter Registered Agent signature required when retreating) ORTER TILE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL CINOTTI, JUDITH A. 3857 WENTA SPRINGS RD 1.3 STREET ADDRESS 1.3	24		1=-1		30		. ,		<u>U</u> No	
CINOTITI, JUDITH A. 3857 WERMYA SPRINGS RD LONGWOOD FL 32779 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 of the or registered agent, or both in the States of Registery and Schild of Cooperation Statutes. The above-named corporation submits this statement for the purpose of changing its registered of the or registered agent, or both in the States of Registery as Cooperation Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DOTE Registered Agent Spatial Institutes. DELETE 1.11TILE	1		Registered Age	10. Name and Address of New Register	ea Agent					
LONGWOOD FL 32779 13. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and accept the objective of Statutes. SIGNATURE 30/18/18/18/18/18/18/18/18/18/18/18/18/18/	The state of the s					Name				
SI Pursuant to the provisions of Sections 807.0502 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 office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	3				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
### City ### ### ############################	LONGWOOD FL 32779									
III. Pursuant to the provisions of Sections 607.0502 and 607.1508. Portida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of chine or registered agent, or both, in the State of Fortida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fortida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered or section 607.0505, Fortida Statutes. In milliar with, and accept the obligations of, Section 607.0505, Fortida Statutes. In milliar with, and accept the obligations of, Section 607.0505, Fortida Statutes. In milliar with a section of the corporation of the section of the corporation of the corporation of the section of the co					83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Plorida Statutes, the above-named corporation submits this statement for the purposed of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					84	City		85 Zi:	Code Code	
office or registarioa agent, or both, in the State of Rorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and another the obligations of, Section 607.0505, Florida Statutes Signarum lamilari with, and accept the obligations of, Section 607.0505, Florida Statutes Signarum laminari with, and accept the obligations of, Section 607.0505, Florida Statutes Signarum laminari with, and accept the obligations of, Section 607.0505, Florida Statutes Signarum laminari with, and accept the obligations of, Section 607.0505, Florida Statutes Signarum laminari with, and accept the obligations of, Section 607.0505, Florida Statutes						[
agent. I am' familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIN	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									
Signature, typed or printed name of registered agent set ident (application). ROTTE: Registered Agent set identification. ROTTE: Registered Agent set identification. ROTTE: Registered Agent set identification. ROTTE:	agent. I a	m familiar with, and accept the obligati	ions of, Section 6	07.0505, Flor	ida Statute	s.				
T12. OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE 1.2 MAME STREET ADDRESS CITY-ST-ZP LONGWOOD FL TITLE THE THE THE THE THE THE THE	SIGNATURE									
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT				(NOTE:		ent signature require	<u> </u>			
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT			DIRECTORS	DELETE			ADDITIONS/CHANGES TO OFFICERS.		Addition C	
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT	1 1	_	<u></u>	I nerese	1			Grange	T Youngil E	
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT									2	
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT										
INDE INVAME STREET ADDRESS CITY-ST-ZIP TITLE INTE INTE INTE INTE INTE INTE INTE INT		LONGWOOD FL		Del CTC		ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE AL CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE	1 1	PARAMETA RAMERIA	L	DELETE				TT rustige	Addition C	
CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Ad	1									
TITLE	STREET ADDRESS				2.3 STREET	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1. TITLE A2. PAME STREET ADDRESS CITY-ST-ZIP TITLE A4. TITLE		LONGWOOD FL 32779) nev ===	_	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		. I desire	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP 1.4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am an officer or director of the corporation or the receiver or trustee employer as required by Chapter 60.7 Florida Statutes; and that my name appears in receiver or trustee emplower of the secreption of the corporation or the receiver or trustee emplowered to execute this report as required by Chapter 60.7 Florida Statutes; and that my name appears in			L) DELETE	i i			Change	Addition	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP 1.4 Little Change Addition	NAME									
TITLE	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP A4. CITY-ST-ZIP S1 FILE NAME STREET ADDRESS CITY-ST-ZIP S2. NAME STREET ADDRESS CITY-ST-ZIP S3. STREET ADDRESS CITY-ST-ZIP S4. CITY-ST-ZIP TITLE DELETE S3. STREET ADDRESS CITY-ST-ZIP S4. CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition S3. STREET ADDRESS CITY-ST-ZIP TITLE Change Addition				051575		ST-ZIP			Addition	
STREET ADDRESS COTY-ST-ZIP TITLE TITLE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE SA COTY-ST-ZIP THE STREET ADDRESS COTY-ST-ZIP THE SA COTY-ST-ZIP THE THE SA COTY-ST-ZIP THE THE THE THE THE THE THE TH	1		<u> </u>	I neffic				□ Cuange	L.1 Addition	
CITY-ST-ZIP TITLE TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Addition Addition Addition Fille Change Addition Addition Addition Addition Addition Addition Addition Addition Fille STREET ADDRESS CITY-ST-ZIP Addition Addition Addition Addition Addition Addition Addition Fille STREET ADDRESS CITY-ST-ZIP Addition	1 1									
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.1 TITLE Change Addition NAME STREET ADDRESS 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. I further certify 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	1 1				1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS 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. I further certify 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				l act car		ST-ZIP			Addition	
STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS 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. I further certify 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	i - L		<u>_</u>	UELEKE				change	TT Addition	
CITY-ST-ZIP TITLE CHANGE STREET ADDRESS 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 out; 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. I further certify 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	NAME				4					
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS				5.3 STREET	ADDRESS				
NAME STREET ADDRESS 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					_	T-ZIP		——————————————————————————————————————		
STREET ADDRESS 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	TITLE		L	DELETE	6.1 TITLE			Change	☐ Addition	
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	NAME				6.2 NAME					
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	STREET ADDRESS				6.3 STREET	ADDRESS				
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.	indicated officer or	on this annual report or supplemental a director of the corporation or the receiv	annual report is t rer or trustee em	rue and accu cowered to ex	the exemp rate and th xecute this	tion stated in t at my signatur report as requ	e shall have the same legal effect as if made lired by Chapter 607, Florida Statutes; and th	e under oath; t nat my name a	le information hat I am an opears in	