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 # 558912

IRVING NEWMAN INSURANCE AGENCY, INC.

- '		-		
	N	lailing Address	-	
		STOP STIPLING P	n	

FILED Mar 25 1998 8:00am Secretary of State



							•					
Principal Place	e of Business		Ma	ailing Address					Elâit Albit	41411 410	JI 8(811	BIBIT TO BE
5700 STIRLING RD HOLLYWOOD FL 33021			5700 STIRLING RD HOLLYWOOD FL 33021 US				DO NOT WRITE H	N THIS S	SPACE			
								 Date Incorporated or Qualified 02/06/1978 				
	lace of Business		28.	Mailing Address				4. FEI Number			App	lied For
21			26					59-1800152				Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Ac	dditional juired
City & State	8		28	City & State				6. Election Campaign Financing Trust Fund Contribution			.00 k ded to	May Be Fees
Zip	_ c	ountry		Zip	Cou	ntry	•	8. This corporation owes or has paid	_			
24	25						Personal Property Tax due June 30. Yes No					
	9. Name and A	Address of Cur	ent Regis	tered Agent		0.1	Mana	10. Name and Address of New Reg	istered /	19ent		
	WMAN, IRVING					81	Name					
5700 STIRLING ROAD 5700 STIRLING ROAD						Street Add	ress (P.O. Box Number is Not Acceptable)					
HC	OLLYWOOD FL 3	3021				83						
		\triangle				84	,		FL		Zip C	
11. Pursuant office or r agent. I a	to the provisions of registered agent, or im familiar with, and	f Sections 607.0 r both, in the St d acceptable ob	502 and 6 ate of Florid ligations of	07.1508, Florida Statu da. Such change was I, Soction 607.0505, F	ites, the al authorize Torida Stat	bove d by wto s	e-named corp the corpora s.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of the app	changi ointmer	ng its nt as n	registered egistered
SIGNATURE			10					······································	DATE			
40	Signature, lyped or printe	OFFICERS /			13.	d Age	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS	IN 12
12. TITLE	D	OFFICERS /	AND DIREC	DELETE	13. 1.1 TI	TI F		ADDITIONS/CHANGES TO OFFICE	INO AND	Cha		Addition
NAME	NEWMAN, IR	MNG			1.2 N/							
STREET ADDRESS	5700 STIRLIN				1		ADDRESS					
CITY-ST-ZIP	HOLLYWOOL						ST-ZIP					
TITLE	D			DELETE	2.1 TI		11-211			Cha	inge	Addition
NAME	NEWMAN, R	OSE		_	2.2 N							
STREET ADDRESS	5700 STIRLIN						ADDRESS	i.e				
CITY-ST-ZIP	HOLLYWOOL						ST-ZIP					
TITLE	P			DELETE	3.1 TI		-,			Cha	ınge	Addition
NAME	NEWMAN, J	EFFERY			3.2 N	AME	ļ					
STREET ADDRESS	5700 STIRLIN				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOI	D FL					ST-ZIP					
TITLE			•	DELETE	4.1 11					Cha	inge	Addition
NAME					4.28	MME						
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					4.4 C	ITY-S	ST-ZIP					
TITLE				☐ DELETE	5.1 Ti	TLE				☐ Cha	ınge	Addition
NAME					5.2 N	AME	j					
STREET ADDRESS					5.3 \$	TREET	ADDRESS	•				
CITY-ST-ZIP					5.4 C	ITY-S	ST-ZIP					
TITLE				DELETE	6.1 Ti	TLE				☐ Cha	inge	Addition
NAME					6.2 N	AME						
STREET ADDRESS					6.3 \$	TREET	ADORESS					
CITY-ST-ZIP							ST-ZIP					
de Ibarabia	andifushes the info	ranation amonto	Luith thin	door not qualify	for the ove		tion etated in	Section 119 07/3Vi) Florida Statutes I f	urthar ca	artify the	at the '	information :

Hereby certify that the information supplied with this time 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 applied each to struct and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trullee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the recei-Block 12 or Block 13 if changed, or on an attack