

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000036887

**Entity Name:** KROYWEN INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

3800 SOUTH OCEAN DRIVE STE 217  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

3800 SOUTH OCEAN DRIVE STE 217  
HOLLYWOOD, FL 33019 US

**FEI Number: 81-3163211**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ENGELBERG, MORRIS ESQ  
3800 SOUTH OCEAN DRIVE STE 217  
HOLLYWOOD, FL 33019 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name BYRD, GLENIE MARIE  
Address 1526 BREAKWATER TERRACE  
City-State-Zip: HOLLYWOOD FL 33019

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GLENIE M BYRD**

**PRESIDENT**

**01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date