

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90036 035 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **280377**  
 1. Corporation Name  
**PUBLIX INSURANCE AGENCY, INC**

Principal Place of Business Mailing Address  
**8249 N.W. 36 ST. STE 111**  
**MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	26	2a. Mailing Address
	<b>SAME</b>		<b>SAME</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	<b>SAME</b>		<b>SAME</b>
23	City & State	28	City & State
	<b>SAME</b>		<b>SAME</b>
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified		
	<b>4/64</b>		
4.	FEI Number	Applied For	
	<b>59-1052899</b>		
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8.	This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**MARIA MARGARITA POZA**  
~~10100 N.W. 52 TER~~  
**MIAMI, FL 33178**

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83		<b>SAME</b>	
84	City	<b>FL</b>	85 Zip Code

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Maria Margarita Poza** PRESIDENT DATE: **4/30/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA MARGARITA POZA</b>	
STREET ADDRESS	<b>10100 N.W. 52 TER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>MARIA CRISTINA POZA</b>	
STREET ADDRESS	<b>13335 S.W. 73 TER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Maria Margarita Poza** DATE: **4/30/99** DAYTIME PHONE #: **(305) 592-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)