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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441527

(9)

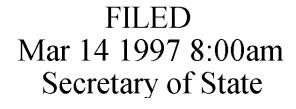
ADVANCED INSURANCE AGENCY, INC.

Principal Place of Business

11022 SW 15 MANOR DAVIE FL 33324

Mailing Address

11022 SW 15 MANOR DAVIE FL 33324-7138





					3. Date incorporated or Qualified 12/10/1973	Qualified <b>3a.</b> Date of Last Report <b>04/09/1996</b>		
	lace of Business	2a. Mailing Address				-4	Ā	pplied For
27 13806 NW 22 COURT			26 13806 NW 22 COURT		59-1525858			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Desired S8.75 Additional Fee Required		
City & State	í	City & State	City & State 28 SUNIRISE FL		6. Election Campaign Financing \$5.00 May Be			
23 SUNRISE R		28 SUNRISE	1201 0000000000000000000000000000000000		Trust Fund Contribution Added to Fees			
Zip Country 24 33323 25		29 33323	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \bigcap \) Yo			
	9. Name and Address of (	Current Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	K,EDWARD L		81	81 Name				
	22 SW 5 MANOR		82 Street Addre		ress (P.O. Box Number is Not Acceptab	le)		
DAV	IE FL 33325					· · · · · · · · · · · · · · · · · · ·		
			83	3				ĺ
			84	City		FL	<b>85</b> Zip	Code
Office of re	eaisterea adent, or both, in the	07.0502 and 607.1508. Horida Statut e State of Florida. Such change was e obligations of, Section 607.0505, Fl	authonzed b	ov the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ch of the appoir	nanging intrnent as	its registered s registered
SIGNATURE	Signature, typed or prential name of regist	tree Carsest and the Periodicates (NC)	Fig. of toxics Ar	and pice Star man	red when reinspring)			
12.		RS AND DIRECTORS	<b>1</b> 13.	gen ag krove redu	ADDITIONS/CHANGES TO OFFIC		IREC1OF	RS IN 12
TITLE	PO	DELETE	DELETE 15 TIPLE				Change	Addition
NAME	ZACK, EDWARD L.		1.2 NAME					
STREET ADDRESS	11022 SW 15 MANOR		1.3 \$18EE	1 ADDRESS				
CITY-ST-ZIP	DAVIE FL		1.4 C(TY-	ST - ZiP				
TITLE	SD	DELCTE	2.1 TITLE		C		Change	Addition
NAME	ANDREA, ZACK		2.2 NAME					
STREET ADDRESS	11022 SW 15 MANOR		2.3 STREET ADDRESS					
CITY-ST-ZIP	DAVIE FL		2, 4 CITY	S1 - 7/P				
TITLE		L. DECETE at				L.	J Change	☐ Addition
NAME	•		3.2 NAME					ļ
STREET ADDRESS				L ADDRESS				
CITY-ST-ZIP TITLE		DELFIE	3.4. C(1) / - 4.1 TITLE	-S1-ZIP		<del></del>	Change	Addition
NAME		i bitti	4.1 Office 4.2 NAME			L	1 Change	Addition
STREET ADDRESS				LADORESS				
CITY-ST-ZIP			4.4 CITY -					
TITLE		DELETE	5.1 101F	91.71.			Change	Addition
NAME			5.2 NAME			_	, onongo	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZiP			5.4 CITY-					
TITLE		DELETE 6.1 TI		Ser. \$11	Change Addition			
NAME			6.2 NAME				•	
STREET ADDRESS				LADDRESS				
CITY-ST-ZIP			6.4 CHY-					
information I am an of	n indicated on this annual repo ficer or director of the corpora	ort or supplemental annual report is t	fy for the ex- rue and accivered to exe	emption stated	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal rt as required by Chapter 607, Florida St	l effect as if i	rnade un	nder oath; that