2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

PROFIT: **CORPORATION** ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 471356 1. Corporation Name.

MCCARTNEY INSURANCE AGENCY, INC.

Country

Principal Place of Business Mailing Address 6739 BIRD ROAD 6739 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90034 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 03/06/1975

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

59-1572363

MCCARTNEY, DONALD W 6739 BIRD ROAD MIAMI FL 33155 82 Street Address (P.O. Box Number is Not Acceptable) 83 BIRD ROAD MIAMI FL 33155 84 City FL 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 change of confice 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 appoints agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND MIAMI FL 14. TITLE MCCARTNEY, DONALD W 15. STREET ADDRESS 6739 BIRD RD 13. STREET ADDRESS 6739 BIRD RD 13. STREET ADDRESS 6739 BIRD RD 14. CITY-ST-ZIP TITLE DELETE 21. TITLE 22. NAME	Yes No Igent 85 Zip Code hanging its registered ment as registered
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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 to 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 more certify to	-

receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable