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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 476303

(3)

1. Corporation Name
BOB ROBERTS INSURANCE, INC.



Principal Place of Business
3201 N. FED HWY
SUITE 200
FT. LAUDERDALE FL 33306
US

Mailing Address
P.O. BOX 8908
STE 200
FT. LAUDERDALE FL 33310-8908
US

3. Date Incorporated or Qualified 05/15/1975
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1596106

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, ROBERT V
P.O. BOX 8908, N/A
FT. LAUDERDALE FL 33310

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME
ROBERTS, ROBERT V.
STREET ADDRESS
3201 N. FEDERAL HWY #200
CITY-ST-ZIP
FT LAUDERDALE, FL 00000

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME
ROBERTS, TERRI
STREET ADDRESS
3201 N. FEDERAL HWY #200
CITY-ST-ZIP
FORT LAUDERDALE FL

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE

☐ Change ☐ Addition

NAME
ROBERTS, ROBERT V., JR.
STREET ADDRESS
3201 NORTH FEDERAL HWY #200
CITY-ST-ZIP
FORT LAUDERDALE FL

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 9 54 561-2220

DATE DAY MONTH YEAR

CR2E034 (9/96)