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FILED

Feb 24 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 # 485393

(3)

1. Corporation Name

ASSURED INSURANCE AGENCY, INC.

Principal Place of Business

2700 W.OAKLAND PK.BLVD.STE. D  
FT. LAUDERDALE FL 33311

Mailing Address

2700 W.OAKLAND PK.BLVD.STE. D  
FT. LAUDERDALE FL 33311-1311

3. Date Incorporated or Qualified  
08/19/1975

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1608026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PHILLIPS, JANET~~

~~2750 W. OAKLAND PARK BLVD. STEB  
FT. LAUDERDALE FL 33311~~

CRAIG DOUGLAS  
2700 W. OAKLAND PARK BLVD, STE D  
FT. LAUDERDALE, FL 33311

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/19/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BLACK, NORMA J  
STREET ADDRESS 5100 DUPONT BLVD. #7B  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME SPEZZANO, JOSEPHINE  
STREET ADDRESS 5100 DUPONT BLVD #7B  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME SHAW, ESTHER M  
STREET ADDRESS 5100 DUPONT BLVD #7B  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME SPEZZANO, ANTHONY J  
STREET ADDRESS 5100 DUPONT BLVD #7B  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME CRAIG DOUGLAS  
STREET ADDRESS 2700 W. OAKLAND PK. BLVD, 23  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

2/19/97  
Date

Daytime Phone #

CR2E034 (9/96)