


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90196 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 496421					
1. Corporation Name ANDY'S ASSURANCE AGENCY OF WESTCHESTER, INC.					
Principal Place of Business 1441 WEST FLAGLER STREET MIAMI FL 33135			Mailing Address 1441 WEST FLAGLER STREET MIAMI FL 33135		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/11/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1664685	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RODRIGUEZ, ANDY 1441 WEST FLAGLER ST. MIAMI FL 33135			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE					
NAME PD RODRIGUEZ, ANDY					
STREET ADDRESS 1441 WEST FLAGLER ST.					
CITY-STATE-ZIP MIAMI FL					
TITLE <input type="checkbox"/> DELETE					
NAME STD RODRIGUEZ, LORETA					
STREET ADDRESS 1441 WEST FLAGLER ST.					
CITY-STATE-ZIP MIAMI FL					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)