SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565402

(5)

GUY BRICKMAN INSURANCE AGENCY, INC.

Principal Place of Business 18989 NW 67TH AVE SUITE 100 MIAMI FL 33015	Mailing Address 16969 NW 67TH AVE SUITE 100 MIAM! FL 33015 US				IN THIS SPACE	
	US			3. Date incorporated or Qualified	3a. Date of Last R	•
2. Principal Place of Business	2a. Mailing Address			01/18/1978 4. FEI Number	03/04/1996	oplied For
21	26			59-1937221	 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		····			80.75	
22 27				5. Certificate of Status Desired	1 1 7	equired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added Added	
Zip Country	Zip Country		8. This corporation has paid the current year Intangible			
24 25	29	30		Personal Property Tax due June] No
9. Name and Address of Curre	nt Registered Agent		11 Name	10. Name and Address of New Re	gistered Agent	
BRICKMAN, G.J.		`	Name			
16969 NW 67TH AVENUE		8	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
MIAMI FL 33015		8	33			
				-		
		6	City		FL 85 Zip	Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	02 and 607.1508, Florida State e of Florida. Such change wa pations of, Section 607.0505,	tutes, the abo s authorized Florida Statu	ove-named co by the corpor tes.	rporation submits this statement for the p ation's board of directors. I hereby accep	purpose of changing it of the appointment as	ts registered registered
Signature, typed or printed name of registered ag			Agent signature rec	juired when reinstating)	DATE	
12. OFFICERS AN	ID DIRECTORS	13.		ulred when reinslating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	
12. OFFICERS AN		13. 1.1 Tillu	£ .		 	RS IN 12
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12. OFFICERS AN TITLE VPTD BRICKMAN, G.J. STREET ADDRESS 18989 NW 67 AVE	ID DIRECTORS	13. 1.1 TITH 1.2 NAM 1.3 STRE	E IE EET ADDRESS		CERS AND DIRECTOR	
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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.

HONDE DEPONDED Y.A.

1.0ABT 2m

2-0 600 100

FILED

Jul 29 1997 8:00am

Secretary of State