FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 607299 (5)KENNEDY AND ELY INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 1330 SW 22ND ST., #306 1330 SW 22ND ST., #306 MIAMI FL 33145 MIAM! FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-1885172 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing

FILED Feb 16 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3 28	Trust Fund Contribution Added to Fees
Złp Country Zip C	ountry 8. This corporation owes or has paid the current year Intangible
4 25 29 30	Personal Properly Tax due June 30. 📝 Yes 🗌 No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIDAL, VICTOR L	81 Name
1330 CORAL WAY #305	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33145	
	83
	84 City 85 Zip Code
10 00 000 000 000 000 000 000 000 000 0	FL 63 24 Code
11. Pursuant to the provisions of Sections 607.0502 and 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	
	ered Agent signature required when reinslating) DATE ADDITION IS IN THE CONTROL OF THE CONTROL
	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
5000 500450 44	NAME STATES
6000 OT ANIMEIC DOUG	STREET ADDRESS
BOCA DATON CL 00400	CITY-SI-2IP
	TITLE Change Addition
NAME BORG, SYLVIA L 22	NAME :
AAAA OY AMMERO DONE	STREET ADDRESS
DITY-ST-ZIP BOCA RATON FL 33498	4 CITY-ST-ZIP
TITLE VP DELETE 3.1	TITLE Change Addition
	NAME
	STREET ADDRESS
	. CITY-ST-ZIP
ITLE DELETE 4.1	TITLE Change Addition
AAME 4.2	NAME
STREET ADDRESS 4.3	STREET ADDRESS
	CITY-ST-ZIP
	TITLE Change Addition
	NAME
•	STREET ADDRESS
	CITY-ST-ZIP TITLE Change Addition
1	NAME
INTECT MUDICOS 6.3	232551 4020550
DITY-ST-ZIP 6.4	STREET ADDRESS CITY-ST-ZIP

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.

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