

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PH 3:16

DOCUMENT # 628298 (2)

1. Corporation Name

D.J. SYLVESTER INSURANCE AGNECY, INC.

Principal Place of Business

100 S. PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

100 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1979	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1930295	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SYLVESTER, DAVID J.
100 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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

(Print Name, Address, and Title of Registered Agent and the Corporation)

(Print Name, Address, and Title of Registered Agent and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD SYLVESTER, DAVID J.	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS	920 N.W. 120TH AVE.	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	PLANTATION FL	13.3 CITY, ST, ZIP	
12.4 NAME		13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	
12.16 NAME		13.16 NAME	☐ Change ☐ Addition
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY, ST, ZIP		13.18 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (17)(3)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Sylvester*
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. SYLVESTER

1/10/95 305 472-1008
Date Telephone #