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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 678356 (7)  GARY M. HOCHBERG, C.L.U. INSURANCE AGENCY, INC.								
Principal Place	of Business	Mailing Address			I 1001LA 01114 10001 ¥0100 ¥1101 DUK	A Obij Bibil Bibil		
5799 ORANGE DR. DAVIE FL 33314			5799 ORANGE DR. DAVIE FL 33314					
					3. Date Incorporated or Qualified 07/15/1980	3a. Date 01	of Last Re /23/199	•
. Principal Pla	ace of Business	2a. Mailing Addre	ss		4. FEI Number			pplied For
<u> </u>		26			59-1990259	*******		lot Applicable
= Suite, Apt. # []	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	<del></del>	Country	8. This corporation has liability for		k under s	199.032,
<u> </u>	25	29	30		Florida Statutes Yes	s 👿 No	nent	
	9. Name and Address of	Current Registered Agent		81 Name	10. Name and Address of New	negistered A	Quit	
HUUUN	EDC. GADV M				<b>600</b>	LI.)		
HOCHBERG, GARY M. 4821 POLK STREET				82 Street Addr	ress (P.O. Box Number is Not Accepta	Die)		
	OOD FL 33321			83				
HOLLIN				24 01			85 Zip	Code
						FL	100 1 54	,000
or registere	ed agent, or both, in the State	of Florida. Such change was a	authorized by th	above-named corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	roose of cha	nging its registered	egistered office agent. I am
or registen familiar wit SIGNATURE	ed agent, or both, in the State th, and accept the obligations Signature, typed or printed name of regist	of Florida. Such change was a of, Section 607.0505, Florida S ered agent and title if applicable.	authorized by th Statutes (NOTE Registe	above-named corpore corporation's boa	ard of directors. I hereby accept the application of directors and the application of the	urpose of char pointment as	registered	agent, I am
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or registers familiar with signature.  12.  III.F.  A.M.E.  STREET ADDRESS  DITY-S1-ZIP  III.E.  KAME.  STREET ADDRESS  DITY-S1-ZIP  III.E.  KAME.  STREET ADDRESS  ZITY-S1-ZIP	ed agent, or both, in the State th, and accept the obligations of the State of the obligations of the State o	of Florida. Such change was a of, Section 607.0505, Florida Stored agent and title if anyticative.  ERS AND DIRECTORS	NOTE   Register	above-named corporation's boarered Agent signature require  3.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	ard of directors. I hereby accept the application of directors and the application of the	prose of chapointment as	DIRECTO Change	RS IN 12
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SIGNATURE:

1/16/96 (454)5879592