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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 678356

1. Corporation Name

GARY M. HOCHBERG, C.L.U. INSURANCE AGENCY, INC.

Principal Place	e of Business	Mailing Address			19212 2110 1200 1200 1100 1100	. 4.5 5.5		
5799 ORANGE DR.			5799 ORANGE DR.					
DAVIE FL 33314		DAVIE FL 33314			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		<del></del>	7
					07/15/1980			
2. Principal P	face of Business	2a. Mailing Addre	ess		4. FEI Number	Ap	plied For	ء [
21		26			59-1990259	No	t Applicable	0357630
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22		27			5. Certificate of Status Desired 2 2 2	Fee Re	quired	]`
City & State		City & State	City & State		6. Election Campaign Financing	55.00 May Be		
23		28			Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	<del>,</del>	ountry	8. This corporation owes the current ye	ear Intangible Yes	□No	
24	25	29	30		Personal Property Tax.  10. Name and Address of New Regist		LINU	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Negls	tered Agent		_
HOC	CHBERG, GARY M.							_
5799 ORANGE DRIVE		•		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	IE FL 33314			83	· 第三百万万 经营工的		MI SALVE	1
						12.16 16 36		_
				84 City	market to be with a first or the transfer	FL 85 Zip (	Code """	
11 Pursuant	to the provisions of Sections 607	0502 and 607.1508. Florid	da Statutes, the	above-named con	poration submits this statement for the purpo	ose of changing its	registered	
office or r	registered agent, or both, in the Sim familiar with, and accept the ob	tate of Fiorida, Such chanc	de was authorize	ed by the corporat	ion's board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE	Classic descriptions of contributions	d excest and title if applicable	/NOTE: Registers	ed Agent signature require	ed when reinstating)	ATE		_
Signature, typed or printed name of registered agent a  12. OFFICERS AND		S AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE		RS IN 12	E024/11/98)
TITLE	P		ELETE 1.11	TITLE	10 1.13/30	☐ Change	Addition Addition	n Œ
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	DATIL I C 900 IT			CITY-ST-ZIP	·			_ 6
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	DAVIL TE COOTS	☐ DE	1.46 ELETE 2.17 2.21	CITY-ST-ZIP		☐ Change	Addition	_  6
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14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

26 J Aw 99 (554)587-9592 Date Dayline Phone #

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90013 035 \*\*\*150.00