## 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 # F58105

STREET ADORESS

DOMINIQUE INSURANCE AGENCY, INC.

Principal Plac	ce of Business	Mailing Address					<b>ii 3</b> 110 <b>dil</b> ibi (	ALBUL BLUIT BLUIT DI	### <b>#</b> ################################	
% EUGENE E DOMINIQUE 13500 N KENDALL DR STE 294		% EUGENE E DOMINIQUE	% EUGENE E DOMINIQUE							
		13500 N KENDALL DR STE 294								
MIAMI FL 3318	36	MIAMI FL 33186	•	•		DO NOT WRIT	E IN THIS	SPACE		1
						3. Date incorporated or Qualifed				'
a Principal I	Place of Business	2a. Mailing Address				12/11/1981 4 FEI Number		Apr	lied For	ł
<del>-</del>	riace of Dusiliess	26 Walling Address				59-2153602			Applicable	100
21 Suite, Apt	# etc	Suite, Apt. #, etc.						\$8.75 A		
22		27			•	5. Certificate of Status Desired		Fee Rec		
City & Sta	ite	City & State				6 Election Campaign Financing		\$5.00 N	Jav Be	1
23		28				Trust Fund Contribution		Added to	•	
Zip	Country	Zip	Cor	untry		8. This corporation owes the curre	ent year In	tangible	;·	
24	. 25	29	30			Personal Property Tax.		∑ZYes [	□No	
	g. Name and Address of Curre					10. Name and Address of New R	egistered	Agent		┨
001	ANNOUS SHOCKE	*		81	Name		-	•		
001	MINIQUE, EUGENE 00 N KENDALL DR STE 294	175		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		e	1
	UU IN NENDALL DR STE 254									
MIA	MI FL 33186			83						
				84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode	1
- # 15,45#31# /	representation of the second o			لبا			FL			1
office or	registered agent, or both, in the State	of Florida. Such change was a	authorize	ed by t	-named corpo he corporatio	oration submits this statement for the on's board of directors. I hereby accep	t the appo	intment as reg	istered	l
iš/iN/ agent. Li	am familiar with, and accept the obliga	ations of Section 607.0505, Fig	orida Stat	itutes.	·					
SIGNATURE	Signature, typed or printed name of registered age		C. Danistasa	-d A	alaanti un monitord	ا بناج ( I when reinstating )	DATE			
12.	- 3 3	ND DIRECTORS	13.		2iñustóra redorrad	ADDITIONS/CHANGES TO OF		ND DIRECTOR	S IN 12	
TITLE	D	☐ DELETE	_	TITLE		7. 19909	TOEIRO M	☐ Change	Addition	\$
NAME	DOMINIQUE, PATRICIA		1.21	NAME		* 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				1
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CITY-ST-ZIP	MIAMI, FL 3		1.4 0	CITY-ST	-ZIP					
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NAME	DOMINIQUE, EUGENE E	☐ DELETE	2.1 T		1			☐ Change	Addition	ı
STREET ADDRESS	ACCOUNT VENDALL DO COA	☐ DELETE						Change	Addition	
CITY-ST-ZIP		□ DELETE	2.2 N	TITLE NAME	ADORESS			Change .	Addition	
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			2.2 N 2.3 S 2.4 ( 3.1 T	TITLE NAME STREET CITY-ST				, —	11.10.15	
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\$417.			2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 (	TITLE VAME STREET CITY-ST TITLE VAME STREET	ADDRESS		911 9 5 5 5 9 1 6 5 5 8 1 6 5 7	Change	Addition	7467
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90066 023 \*\*\*150.00