

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 27 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F72449 (4)

1. Corporation Name

COVERALL CONCEPT INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

833 W. CAMINO GDNB BLVD.  
6TE-898  
BOCA RATON FL 33432  
US

P.O. BOX 368  
BOCA RATON FL 33429  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1982

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2179663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 399 W. Camino GdnB. Blvd.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27

City & State

City & State

23 BOCA RATON, FL

28

Zip

Country

Zip

Country

24 33432

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMINITI, JEFF  
1600 S. DIXIE HIGHWAY  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

W. CAMINO GARDENS BLVD.

83

SUITE 300

84

BOCA RATON

FL

85

Zip Code  
33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |
|----------------|-------------------------|
| TITLE          | DP                      |
| NAME           | CAMINITI, JEFF          |
| STREET ADDRESS | 1421 NE 28TH PLACE      |
| CITY-ST-ZIP    | WILTON MANORS, FL 00000 |
| TITLE          | DS                      |
| NAME           | PEMBERTON, MARSHA       |
| STREET ADDRESS | 3606 BARKIS AVE         |
| CITY-ST-ZIP    | BOYNTON BCH FL          |
| TITLE          | VD                      |
| NAME           | CAMINITI, PETER         |
| STREET ADDRESS | 3050 NE 16TH AVE        |
| CITY-ST-ZIP    | FT LAUDERDALE FL        |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. CAMINITI, Pres.

3/13/95 402368-3113