

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F72449 (4)**

1. Corporation Name
COVERALL CONCEPT INSURANCE AGENCY, INC.



Principal Place of Business: **399 W. CAMINO GARDENS BLVD. STE 300 BOCA RATON FL 33432 US**
Mailing Address: **P.O. BOX 366 BOCA RATON FL 33429 US**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified: **04/01/1982**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **59-2179663**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CAMINITI, JEFF
399 W CAMINO GARDENS BLVD
#300
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbering Not Acceptable)
83
84 City
85 FL Zip Code

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 _____ DATE _____
Signature and Printed Name of Registered Agent (Block 9) _____
Name, Title, and Address of Registered Agent (Block 10) _____

12. OFFICERS AND DIRECTORS
11.11 TITLE: **DP** [] DELETE
11.12 NAME: **CAMINITI, JEFF**
11.13 STREET ADDRESS: **1421 NE 28TH PLACE**
11.14 CITY, ST, ZIP: **WILTON MANORS, FL 00000**
11.15 TITLE: **DS** [] DELETE
11.16 NAME: **PEMBERTON, MARSHA**
11.17 STREET ADDRESS: **3606 BARKIS AVE**
11.18 CITY, ST, ZIP: **BOYNTON BCH FL**
[] DELETE
11.19 NAME: **CAMINITI, PETER**
11.20 STREET ADDRESS: **3050 NE 16TH AVE**
11.21 CITY, ST, ZIP: **FT LAUDERDALE FL**
[] DELETE
[] DELETE
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[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.11 TITLE: **VICE PRESIDENT** Change Addition
13.12 NAME: **VICKIE J. CAMINITI**
13.13 STREET ADDRESS: **3015 N. OCEAN BLVD. #14H**
13.14 CITY, ST, ZIP: **FT. LAUDERDALE, FL. 33308**
13.15 TITLE: Change Addition
13.16 NAME:
13.17 STREET ADDRESS:
13.18 CITY, ST, ZIP: Change Addition
13.19 TITLE: Change Addition
13.20 NAME:
13.21 STREET ADDRESS:
13.22 CITY, ST, ZIP: Change Addition
13.23 TITLE: Change Addition
13.24 NAME:
13.25 STREET ADDRESS:
13.26 CITY, ST, ZIP: Change Addition
13.27 TITLE: Change Addition
13.28 NAME:
13.29 STREET ADDRESS:
13.30 CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(a), 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 registered agent 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 or changed by an attachment with an address.

SIGNATURE: DATE: **4/3/96** TELEPHONE: **407-368-3113**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)