

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

FILED
Feb 17 1998 8:00am
Secretary of State

| | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # F94000005865 (0)

1. Corporation Name

PERSONAL LINES INSURANCE BROKERAGE, INC.

Principal Place of Business

25 INDEPENDENCE BLVD., 4TH FLOOR
WARREN NJ 07059

Mailing Address

25 INDEPENDENCE BLVD., 4TH FLOOR
WARREN NJ 07059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

22-2531846

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--------|
| TITLE | D | DELETE |
| NAME | CRAWFORD, ROBERT P JR. | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |
| TITLE | D | DELETE |
| NAME | GWINN, D. BYRD | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |
| TITLE | D | DELETE |
| NAME | LUCHS, CHARLES M | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |
| TITLE | D | DELETE |
| NAME | LYNYAK, ROBERT M | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |
| TITLE | D | DELETE |
| NAME | MONTGOMERY, GLENN | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |
| TITLE | DS | DELETE |
| NAME | O'NEILL, MICHAEL J JR. | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | |
| CITY-ST-ZIP | WARREN NJ 07059 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 | Director (no longer |
| 6.2 NAME | secretary) |
| 6.3 STREET ADDRESS | Secretary - Linda Walker |
| 6.4 CITY-ST-ZIP | 25 Independence Blvd., Warren, NJ 07059 |

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.

SIGNATURE:

Robert W. Teschke

Robert W. Teschke

(908) 903-6500

CR2E034 (1097)