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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005865 1. Corporation Name

PERSONAL LINES INSURANCE BROKERAGE, INC.

Principal Place of Business Mailing Address			T (SELLES INE JEN SELL SELL SELL SELL SELL SALL SALL SALL				
25 INDEPENDENCE BLVD., 4TH FLOOR WARREN NJ 07059	25 INDEPENDENCE BLVD 4TH F WARREN NJ 07059	25 INDEPENDENCE BLVD 4TH FLOOR WARREN NJ 07059		DO NOT WRITE IN THIS S	SPACE		
				3. Date Incorporated or Qualifed 11/14/1994			
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21	26			22-2531846	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additing Fee Require			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip C	ountry		This corporation owes the current year Intar Personal Property Tax.	ngible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM		81	Name	e			
1200 SOUTH PINE ISLAND ROAD		82					
PLANTATION FL 33324		83					
		84	City	FL	85 Zip Code		
11 12 207	0500 COZ 4500 Florida Para da da			protion authorite this statement for the number of c	hanging its registered		

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE OATE									
12.	OFFICERS AND DIRECTORS		13.		_				
TITLE	D	DELETE	1.1 TITLE	Director, President & CEO	Change	Addition			
NAME	CRAWFORD, ROBERT P JR.		1.2 NAME	Robert W. Teschke					
STREET ADDRESS	15 MOUNTAIN VIEW RD.		1.3 STREET ADDRESS	25 Independence Blvd., 4th	F1.	!			
CITY-ST-ZIP	WARREN NJ 07059		1.4 CITY-ST-ZIP	Warren, NJ 07059					
TITLE	D	∆ DELETE	2.1 TITLE	Director	🔀 Change	Addition			
NAME	GWINN, D. BYRD		2.2 NAME	Douglas A. Batting					
STREET ADDRESS	15 MOUNTAIN VIEW RD.		2.3 STREET ADDRESS	15 Mountain View Rd.					
CITY-ST-ZIP	WARREN NJ 07059		2.4 CITY-ST-ZIP	Warren, N.J. 07059					
TITLE	D	DELETE	3.1 TITLE	Edward J. Fernandez	X Change	Addition			
NAME	LUCHS, CHARLES M		3.2 NAME	Director					
STREET ADDRESS	15 MOUNTAIN VIEW RD.		3.3 STREET ADDRESS	15 Mountain View Rd.					
CITY-ST-ZIP	WARREN NJ 07059		3.4. CITY-ST-ZIP	Warren, NJ 07059					
TITLE	D	DELETE	4.1 TITLE	Director	X Change	Addition			
NAME	LYNYAK, ROBERT M		4. 2 NAME	Fabian Fondriest					
STREET ADDRESS	15 MOUNTAIN VIEW RD.		4.3 STREET ADDRESS	15 Mountain View Rd.					
CITY-ST-ZIP	WARREN NJ 07059		4.4 CITY-ST-ZIP	Warren, NJ 07059					
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition			
NAME	MONTGOMERY, GLENN		5.2 NAME						
STREET ADDRESS	15 MOUNTAIN VIEW RD.		5.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	WARREN NJ 07059		5.4 CITY-ST-ZIP						
TITLE	S	DELETE	6.1 TITLE		Change	☐ Addition			
NAME	Walker, Linda		6.2 NAME						
STREET ADDRESS	25 INDEPENDENCE BLVD		6.3 STREET ADDRESS						
CITY-ST-7ID	WARREN NJ 07059		6.4 CITY+ST-ZIP						

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert W. Teschke, President & CEO

908-903-6510