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 # F9600006699

1. Corporation Name

CONTINSURANCE AGENCY INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90215 028 ***150.00

OOMINI											
Principal Place	of Business	Mailing Address									
338 S WARMINSTER RD 338 S WARMINSTER RD						ļ					
HATBORO PA 19040-3430 ATTN LEGAL DEPT							DO NOT WRITE IN THIS SPACE				
US HATBORO PA 19040-3430 US						3 Date Incomora	3. Date Incorporated or Qualifed				
		03				12/20/1996					
2 Dringing P	ace of Business	2a. Mailing A	ddrees			4. FEI Number			Ar	plied For	1
	ace of business	26			23-2868487	,		$ \leftarrow$ $ \leftarrow$	ot Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					_	\$8.75		1	
22		27			5. Certifcate of St	tatus Desired			equired		
City & State		City & State				6. Election Camp	aign Financing		\$5.00	May Re	
23		28			Trust Fund Cor	-			to Fees	1	
Zip	Zip Country		Zip Country			8. This corporatio	n owes the current	t year Intan	gible		1
24	25 29 3		آم		Personal Prope		_	ĞYes	□No	j	
,	9. Name and Address of Current	t Registered Age	ent			10. Name and Ad	dress of New Reg	gistered Ag	jent]
_			_	81	Name						
	CORPORATION SYSTEM			82	Street	Address (P.O. Box Numbe	r is Not Accentable	e)			1
1200 SOUTH PINE ISLAND ROAD				"	Succe	Addicas (F.O. Dox Humbo	ii io rioc / locopiasi	-,	` <u></u>		
PLAN	ITATION FL 33324										
				84	Cir		_		85 Zip	Code	+
				04	City			FL		0000	
office or t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	orized by	the corpo	corporation submits this st oration's board of directors	tatement for the pu . I hereby accept t	irpose of ch he appointr	anging its nent as re	registered gistered			
SIGNATURE	_						·····				
	Signature, typed or printed name of registered agen		(NOTE: Re		it signature i	equired when reinstating)	ANGES TO OFFIC	DATE	DIRECTO	DPC IN 12	1
12.	OFFICERS AN		DELETE	13. 1.1 TITLE		ADDITIONS/CH	ANGES TO OFFIC		Change	Addition	1
TITLE	D DADIAK DODERT	L] DECETE					4	C) onango		:
NAME	BABJAK, ROBERT			1.2 NAME		338 S. Warmi	inster Roa	đ			
STREET ADDRESS	500 ENTERPRISE RD					Hatboro, PA					
CITY-ST-ZIP	HORSHAM PA 19044	г	DELETE	1.4 CITY-ST	T-ZIP	Harboro, Th	17040 34		Change	[] Addition	1 !
TITLE	S PROMINING PARENT F	£	7 DECE 15	2.1 TITLE		James G. Par	aro	,	Ontaingo		Î
NAME	DECANDIA, ROBERT F			2.2 NAME		338 S. Warmi		A			1
STREET ADDRESS	338 S WARMINSTER RD			2.3 STREET		Hatboro, PA			محتريج سنراء	ವರ್ ಷನ್ನು	برة اد
CITY-ST-ZIP	HATBORO PA-19040		DELETE	2.4 CITY S 3.1 TITLE	1-ZIP	-natuoro, TA	13040-34		Change	Addition	1
TITLE	P LIAN	L	D ACCELLE					A	\$-		}
NAME	WILLARD, HAL			3.2 NAME	. *******	220 0 77	farabasa Bi -				
STREET ADDRESS	500 ENTERPRISE RD			B .	F ADDRESS	338 S. Warmi Hatboro, PA			•		
CITY-ST-ZIP	HORSHAM PA	Г	DELETE	3.4. CITY-S 4.1 TITLE	1-ZIP	nacoolo, PA	19040-34		Change	☐ Addition	1
TITLE	SVP	L		4.1 MAME							
NAME (GIBBONS, MARY LOURDES										ļ
STREET ADDRESS	338 S WARMINSTER RD				T ADDRESS						1.
CITY-ST-ZIP	HATBORO PA 19040	Г	DELETE	4.4 CITY-S' 5.1 TITLE	1-ZP	 -	_		Change	Addition	1
TITLE	D COAN DANIEL I	L	_ <i>0</i>	5.1 IIILE 5.2 NAME				,			
NAME	EGAN, DANIEL J				TADDRESS						
STREET ADDRESS	338 S WARMINSTER RD			5.4 CITY-S							-
CITY-ST-ZIP	HATBORO PA 19040		DELETE	6.1 TITLE			-		Change	Addition	1
	MEEHAN JOSEPH	L		6.2 NAME				•	•	_	
NAME CEDEST ADDRESS	MEEHAN, JOSEPH 338 S WARMINSTER RD				FADDRESS						
STREET ADDRESS	HATBORO PA 19040			6.4 CITY-S						•	
CITY-ST-ZiP	!!A!DUNU FA 3040				_	i					_1

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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hal Willard, President

Daytime Phone #