

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000001282 (9)

1. Corporation Name

NYLINK INSURANCE AGENCY INCORPORATED

Principal Place of Business

51 MADISON AVENUE  
NEW YORK NY 10010

Mailing Address

51 MADISON AVENUE  
NEW YORK NY 10010

FILED

98 FEB 25 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

13-3929029

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82

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

83

1200 South Pine Island Road

84

Plantation

FL

85

Zip Code  
33324

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 607.0502.

SIGNATURE

*Connie Bryan*  
Signature, typed or printed name of registered agent and title if applicable

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

2/25/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS ELLIOTT, WILLIAM V  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS WEBSTER, GREGORY H  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS ZUCCARO, RICHARD W  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MARRION, CATHERINE A  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS CULLEN, JOHN A  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS KANE, ALICE T  
CITY-ST-ZIP 51 MADISON AVENUE  
NEW YORK NY 10010

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 500002449765--0  
1.3 STREET ADDRESS -03/06/98--01117--001  
1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in Block 14 as an attachment with my address.

SIGNATURE:

Catherine A. Marrion, Secy.

2/13/98

CR2E034 (10/97)