SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # **G28253** **(4)**

1. Corporation Name

PINE ISLAND INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
% MARY TERRONE 800 FAIRWAY DR. STE 290 DEERFIELD BCH FL 33441 US	% MARY TERRONE PO BOX 2388 BOCA RATON FL 33427-2388 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1993	3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2264237	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 10481 NW.14 Street	26 10481 NW.14 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plantation, Fl.	City & State 28 Plantation, Fl.
Zip 24 33322	County 25 Broward
Zip 29 33322	County 30 Broward

9. Name and Address of Current Registered Agent

TERRONE, MARY
800 FAIRWAY DR, STE 290
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent

81 Name: Mary Terrone
82 Street Address (P.O. Box Number is Not Acceptable):
83 10481 NW.14 Street
84 City: Plantation, FL 85 Zip Code: 33322

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: Mary Terrone Pres. Mary Terrone 6/29/95
(Signature typed or printed name of registered agent and title if applicable) (NEW Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TERRONE, MARY	1.2 NAME	
STREET ADDRESS	10481 N.W. 14TH ST	1.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Terrone Pres MARY TERRONE 6/29/95 305 474-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0100000 FP