

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G28253**

(4)

1. Corporation Name

PINE ISLAND INSURANCE AGENCY, INC.

Principal Place of Business

**10481 NW 14 STREET
800 FAIRWAY DR. STE 290
PLANTATION FL 33322
US**

Mailing Address

**10481 NW 14 STREET
PO BOX 2368
PLANTATION FL 33322
US**

2. Principal Place of Business

21 **10481 NW 14 STREET**

Suite, Apt. #, etc.

22

City or State

23 **PLANTATION, FL.**

Zip

24 **33322**

Country

25 **USA**

26. Mailing Address

26 **10481 NW 14 STREET**

Suite, Apt. #, etc.

27

City or State

28 **PLANTATION**

Zip

29 **33322**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**TERRONE, MARY
10481 NW 14 STREET
PLANTATION FL 33322**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/17/1983

3a. Date of Last Report

07/03/1995

4. FLE 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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 607.06(5), Florida Statutes.

SIGNATURE

By _____ (Signature of Registered Agent or Officer or Director)

Attest _____ (Signature of Secretary of State or Designated Officer)

Date _____

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TERRONE, MARY**
CITY-ST-ZIP **10481 N.W. 14TH ST
PLANTATION, FL**

TITLE ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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