

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G39831**

PEX INSURANCE SERVICES, INC.

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90004 037 \*\*\*558.00

615138 - 90004 - 37



Principal Place of Business

CORPORATE BLVD

BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD NW  
225  
LAKE WORTH FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1983

4. FEI Number

59-2288401

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 owes the current year  
Intangible Personal Property.



Yes ☒ No

Principal Place of Business

3200 W. FEDERAL HWY

Suite, Apt. #, etc.

225

City & State

BOCA RATON, FL

Zip

33431

Country

25

FLORIDA

Zip

29

US

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIENER, MARVIN I.

2121 PONCE DE LEON BLVD., SUITE 1040

CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS PD  
JACOBSON, MARVIN A.  
2295 CORPORATE BLVD NW STE 130  
BOCA RATON FL

☐ DELETE

ADDRESS

ZIP

ADDRESS

ZIP

ADDRESS

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ZIP

ADDRESS

ZIP

ADDRESS

ZIP

ADDRESS

ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marvin A. Jacobson*

9/11/99

(561) 416-5755

CR2E034 (5/99)