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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MCTA	MENT Name AGGART	# G48 INSURANCE AC		TD., INC.	,			<u> </u>		
Principal Place	of Business		Ma	niling Address		·	· · · · · · · · · · · · · · · · · · ·	HEIR HAR BIRN BIRN	#	
9900 STIRLING RD #229 COOPER CITY FL 33024				610 NW 93 TERRACE PEMBROKE PINES FL 33024 US						
US	711 TE 0502	•		US			3. Date incorporated or Qualified 07/08/1983	3a. Date of L	ast Report 04/1995	
2. Principal Place of Business			F	2a. Mailing Address			4. FEI Number	4. FEI Number Applied F		
Suite, Apt. #, etc. City & State			26	26			59-2325440		Not Applicable	
			27				5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required \$5.00 May Be	
							6. Election Campaign Financing			
3			28				Trust Fund Contribution		Added to Fees	
Zip Country 25			29	Zip Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	g, Name	and Address of Cur	rrent Regist	ered Agent			10. Name and Address of New I	Registered Age	nt	
MOTA	OART D	N415 A			1'	B1 Name				
MCTAGGART, DONALD G. 610 NW 93RD TERRACE PEMBROKE PINES FL 33024				•		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
						B3				
, 5,40	1011E 1 114E	.016 00024			[
					84 City			FL 8	Zip Code	
SIGNATURE		re the songthions on c	0.100	2000, Fromod Diatule	ites, the abovized by the co is.	e-named corporation's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changin ointment as regis	ig its registered offic stered agent. I am	
SIGNATURE S	Signature, typed i	or printed name of register-side	0.100	y ^{litane} (K	OTE Registeren A	gent squature requi	oration submits this statement for the puard of directors. I hereby accept the application of the puard of directors in the puard of th	DATE		
SIGNATURE S	Standare, typed o	or anii ted neane of registered a OFFICERS A	antentheira AND DIRECT	49-40.4	13.	gent signature requi	ind when denstand	DATE	ECTORS IN 12	
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SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR