

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G77325**

1. Corporation Name

PAYLESS INSURANCE AGENCY, INC.

| 21       26       59-2360597         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certifcate of Status Desired       \$8.75         22       27       Fee.   | Applied For Not Applicable 75 Additional  |
|--|---|
| US DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/03/1984  2. Principal Place of Business 2a. Mailing Address 2f Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired   | Applied For Not Applicable 75 Additional  |
| 3. Date Incorporated or Qualifed 01/03/1984  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2360597 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee.  | Applied For Not Applicable 75 Additional  |
| 01/03/1984         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       2. FEI Number       2. FEI Number       3. FEI Number       3. FEI Number       3. FEI Number       4. FEI Number       5. Certifcate of Status Desired       5. Certifcate of Status Desired       \$8.75         22       27       Fee.       Fee.       Fee.       Fee.   | Not Applicable 75 Additional  |
| 2. Principal Place of Business       2a. Mailing Address       4. FEI Number         21       26       59-2360597         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certifcate of Status Desired       \$8.79         22       27   | Not Applicable 75 Additional  |
| 21 26 59-2360597 \$8.75 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired  | Not Applicable 75 Additional  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee  | 75 Additional   |
| 5. Certificate of Status Desired   | I   |
| 22   | e.Required 1  |
|  | .00 May Be  |
|  | ded to Fees   |
| Zip   Zip   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   |   |
|  | W/Wer   |
| 24 25 29 30 Personal Property Tax. Sets  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  |   |
| 81 Name  |   |
| KUPFER, LAWRENCE M. ESQ.   |   |
| 1700 UNIVERSITY DRIVE SUITE 110  82 Street Address (P.O. Box Number is Not Acceptable)   |   |
| CORAL SPRINGS FL 33071   |   |
|  | Zip Code  |
| FL   The state of  | p 0000  |
| 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 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  |   |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  | g its registered  |
|  | ig its registered<br>as registered  |
| I SIGNATURE  | ng its registered<br>as registered  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OPENDED   | as registered   |
| Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  | ECTORS IN 12  |
| Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TIME  DP  DELETE  1.1 TITLE  Change   | ECTORS IN 12  |
| Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L  12 NAME  | ECTORS IN 12  |
| Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L.  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS  | ECTORS IN 12  |
| 12. OFFICERS AND DIRECTORS  TITLE  NAME  SIgnature. Typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DP  DELETE  1.1 TITLE  SMITH, ANNETTE L.  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  NOTE: Registered Agent signature required when reinstating)  DATE  (NOTE: Registered Agent signature required when reinstating)  DATE  (NOTE: Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  14. CITY-ST-ZIP  | CTORS IN 12   |
| Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L.  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS  | CTORS IN 12   |
| Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L  12 NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | CTORS IN 12   |
| Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L.  12 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  Change  C | CTORS IN 12   |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  1.4 CITY-ST-ZIP  CHANGE  2.3 STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CORAL SPRINGS FL  2.4 CITY-ST-ZIP  CORAL SPRINGS  CITY-ST-ZIP  CORAL SPRINGS  CITY-ST-ZIP  CORAL SPRINGS  CORAL | CTORS IN 12 Inge Addition   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  14. CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  12. TITLE  DELETE  21. TITLE  NAME  22. NAME  23. STREET ADDRESS  | CTORS IN 12 Inge Addition   |
| Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  SMITH, ANNETTE L.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  14. CITY-ST-ZIP  TITLE  NAME  12. NAME  22. NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  14. CITY-ST-ZIP  CHANGE  23. STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS  | CTORS IN 12 Inge Addition   |
| Signature. typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  SMITH, ANNETTE L.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  DELETE  3.1 TITLE  TITLE  TITLE  TO Change  | CTORS IN 12 Inge Addition   |
| Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    12.  | CTORS IN 12 Inge Addition   |
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| 12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. TITLE   Changes   CITY-ST-ZIP   CORAL SPRINGS FL   14. CITY-ST-ZIP   CORAL SPRINGS FL   14. CITY-ST-ZIP   CORAL SPRINGS FL   14. CITY-ST-ZIP   CORAL SPRINGS FL   15. TITLE   Changes   CITY-ST-ZIP   CORAL SPRINGS FL   CORAL SPRI   | CTORS IN 12 Inge Addition   |
| Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE  | CTORS IN 12 Inge Addition   |
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| 12. OFFICERS AND DIRECTORS  TITLE  DP  NAME  SIRRET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  TITLE  DELETE  22. NAME  22. NAME  22. NAME  22. NAME  32. NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Changess  32. NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  A3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  A4. CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  A4. TITLE  A3. STREET ADDRESS  A4. CITY-ST-ZIP  TITLE  A4. TITLE  A4. STREET ADDRESS  A5. STREET ADDRESS  A5. STREET ADDRESS  A6. CITY-ST-ZIP  TITLE  A4. STREET ADDRESS  A6. STRE | CTORS IN 12 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition   |
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| 12. OFFICERS AND DIRECTORS  TITLE  DP NAME SMITH, ANNETTE L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | CTORS IN 12 Inge Addition |
| Signature. typed or printed name of registatered agent and title of applicables.   (NOTE: Registatered Agent signature required when reinstating)   LinkE  | CTORS IN 12 Inge Addition |

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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90063 032 \*\*\*150.00