

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H51411 (7)

1. Corporation Name

INSURANCE STORE, INC.



Principal Place of Business

Mailing Address

12651 S. DIXIE HWY.  
MIAMI FL 33156  
US

12651 S. DIXIE HWY.  
MIAMI FL 33156  
US

3. Date Incorporated or Qualified  
04/04/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7501 NW 4 ST

26 7501 NW 4 ST

4. FEI Number

59-2540047

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 210

27 210

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 PLANTATION, FL

28 PLANTATION, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33317

25 BROWARD

29 33317

30 BROWARD

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARY, ELTON M.  
12651 S. DIXIE HWY.  
MIAMI FL 33156

81 Name

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

720 NE 69 ST

83

#12W TOWER

84

City MIAMI

FL

85 Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME SPOONER, NANCY J.  
STREET ADDRESS 400-402 NE 108TH CT.  
CITY-ST-ZIP MIAMI FL

TITLE CD ☐ DELETE  
NAME CARY, ELTON M.  
STREET ADDRESS 12651 S. DIXIE HWY.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME CARY, IRENE  
STREET ADDRESS 12651 S DIXIE HWY  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME COKE, L. A  
STREET ADDRESS 600 N PINE ISLAND RD  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 720 NE 69 ST, #12W TOWER  
2.4 CITY-ST-ZIP MIAMI, FL 33138

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME CARY, IRENE  
3.3 STREET ADDRESS 720 NE 69 ST, #12W TOWER  
3.4 CITY-ST-ZIP MIAMI, FL 33138

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 7501 NW 4 ST, #210  
4.4 CITY-ST-ZIP PLANTATION

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 954-583-3777

CR2E034 (12/95)