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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90034 003 ***150.00

DOCUMENT # **H51411** 1. Corporation Name

INSURANCE STORE, INC.

	e of Business	Mailing Addre	:SS			. [
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210		210					DO NOT WRITE IN THIS SPACE							
PLANIATION FL	. 33317	PLANTATION FL 33317				ŀ								
บร		us					3. Date Incorporated or Qualifed 04/04/1985							
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2. Principal Pl	lace of Business	2a. Mailing Ad	2a. Mailing Address				4. FEI Num		•			1		ied For
21		26				i	<u>59-254</u>	10047						Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					-5. Certifcat	e_of Statu	s Desired					Iditional uired
22		27										Fe	e Req	uireo
City & State	e	City & Sta	ite			Ì	6. Election	Campaigr	Financin	g 🗆				lay Be
23		28			_,		Trust Fu	nd Contrib	ution			Add	ded to	Fees
Zip	Country	Zip		Country	/		8. This corp	poration o	wes the c	urrent y			_	-
24	25	29	30	<u> </u>				l Property				Yes	L]No
	9. Name and Address of Current	Registered Ager	nt				10. Name a	nd Addre	ss of Nev	v Regis	tered A	gent		
	_			81	Name	1								Į
	Y, ELTON M.			82	Street	Addres	s (P.O. Box N	Vumber is	Not Acce	ntable)				
4000) Towerside Terr			ا ا	Succi	Addres	5 (I .O. DOX I	10111001 13		ptubio				
#501	1			83	,									
MIAN	MI FL 33138				<u> </u>									<u> </u>
	· ·			84	City						FL	85	Zip Co	ode
	to the provisions of Sections 607.0502	0 and 607 4600 Et	lorido Statutos	the above	lo namer	1 corpor	ation submits	this state	ment for t	he purn	ose of o	hangin	a its re	eaistered
l office or re	egistered agent or both in the State (of Florida Such ch	iande was auth	onzea ov	tne con	oration'	s board of dir	rectors. I h	ereby ac	cept the	appoin	tment a	is regi	stered
agent. I a	m familiar with, and accept the obligat	ions of, Section 60)7.050\$, Florida	s Statutes	5.									}
SIGNATURE.											ATE			
	Signature, typed or printed name of registered agent		(NOTE: Re		nt signature	required w	hen reinstating)							
12.	OFFICERS ANI						ADDITION	NO/CUANI	CEC TO 1		DC AND) DIDE	CTOR	12 1N 12
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

954-583-3777