

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 # **H53876** (9)

1. Corporation Name

INSURANCE & FINANCIAL CONCEPTS, INC.

Principal Place of Business

**6280 WEST ATLANTIC BOULEVARD
MARGATE FL 33063**

Mailing Address

**6280 WEST ATLANTIC BOULEVARD
MARGATE FL 33063**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1985

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2523030

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**SKIRDE, JOAN
6280 WEST ATLANTIC BLVD.
MARGATE FL**

81 Name

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

83

84 City

FL

85 Zip Code

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 tick, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE: **PSD** ☐ DELETE
NAME: **SKIRDE, JOAN**
STREET ADDRESS: **6280 W. ATLANTIC BLVD.**
CITY- ST- ZIP: **MARGATE FL**

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE:

John Skirde
Typed or Printed Name of Signing Officer or Director

6-1-91

954/973-6388

Daytime Phone #

CR2E034 (12/95)