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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J05764

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90034 013 ***150.00

T&TE	QUINE INSURANCE, INC.							
Principal Plac	e of Business	Mailing Address				id diyi deidi diişi (dala bii		Bil Oldii Bibli 1801
3044 SOUTH MILITARY 1898 GALLOR DRIVE LAKE WORTH FL 33463 LOXAHATCHEE FL 33470 US							E IN THIS SPACE	
J					-	porated or Qualifed	•	·]
D Drive de al D	Name of Divisions	2a. Mailing Addre			03/25/1			Applied For
	Place of Business	26 1015H	COHAN AL	RIAR VILLA	4 OR 59-2626		 	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #,		10 17 17 17 17		,	\$8.79	5 Additional
22		27			5. Certifcate	of Status Desired	1.1	Required
City & Stat	te	City, & State			6. Election C	ampaign Financing	\$5.0	0 May Be
23		28 LAKE W	1024 4 _	<u> </u>	Trust Fund	Contribution	Adde	ed to Fees
Zip	Country	Zip	~	Country	8. This corpo	ration owes the curre	· <u>-</u>	
24	25	29 3346	30	ρB		roperty Tax.	☐ Yes	□No
ļ	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and	Address of New R	egistered Agent	
TICA	NOWED EDWARD C			oi Name				
TISNOWER, EDWARD C. 1898 GALLYOP DRIVE LOXANATCHEE FL 33411				82 Street A	Address (P.O. Box Nu	mber is Not Accepta	ble)	
				83				
	out to the terminal of the			65				
				84 City			FL 85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florid	a Statutes, the	e above-named c	corporation submits th	nis statement for the	numose of changing	its registered
office or I	registered agent, or both, in the State	of Florida. Such chang	e was authorize	ized by the corpor	ration's board of dire	ctors. I hereby accep	t the appointment as	registered
	- Land of the and accorded to the child	ations of Castion 607 Å	ENE Elocialo C	Statuton				
	registored agent, or both, in the State and accept the oblig	ations of, Section 607.09	505, Florida S	Statutes.	ier of de	atrs (A	NH	}
agent. I a	am/familia with, and accept the oblig Signature, typed or printed name of jegistered ag	11W1	N 16	Statutes. - Chnn fered Agent signature rec	150 % AC	dress o	DATE	
	Signature, typed or printed name of registered agr	11W1	(NOTE: Registe	+ Chin	quired when relocating)	GTCSS O	DATE	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable.	(NOTE: Registe	tered Agent signature rec	quired when relocating)	diess o	DATE	TORS IN 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 charged, or on agrattaching it with an address, with all other like empowered. CITY-ST-ZIP

1-12-99