

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **J72040** (5)

1. Corporation Name

AMERICA'S INSURANCE CENTER - SOUTH, INC.



Principal Place of Business

**C/O ALAN J. POLIN, ESQ.
1999 UNIVERSITY DR., #202
CORAL SPRINGS FL 33071**

Mailing Address

**C/O ALAN J. POLIN, ESQ.
1999 UNIVERSITY DR., #202
CORAL SPRINGS FL 33071-6068**

3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

22-1737744

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

2. Principal Place of Business

21 233 HONOREE BLVD

Suite, Apt. #, etc.

22

City & State

23 LAKEWORTH BLVD, FL.

Zip

24 33308

Country

25

2a. Mailing Address

26 3300 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS, FLORIDA

Zip

29 33045-4132

Country

30

9. Name and Address of Current Registered Agent

**POLIN, ALAN J. (ESQUIRE)
3300 UNIVERSITY DRIVE
SUITE 601
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **KRAVETZ, ARTHUR**
STREET ADDRESS **25 RT 22 EAST**
CITY-ST-ZIP **SPRINGFIELD NJ**

TITLE **DST** ☐ DELETE

NAME **KRAVETZ, RAYMOND**
STREET ADDRESS **25 RT 22 EAST**
CITY-ST-ZIP **SPRINGFIELD NJ**

TITLE **EVP** ☐ DELETE

NAME **POLIN, ALAN, J**
STREET ADDRESS **1999 UNIVERSITY DR #202**
CITY-ST-ZIP **CORAL SPRINGS 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

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and data 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/96

305(933-3055)

Date Daytime Phone #

CR2E034 (9/96)