

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K03154 (7)

1. Corporation Name

ALL AMERICAN INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

~~1430 S. MILITARY TRAIL~~
~~WEST PALM BEACH FL 33415~~
~~406~~

~~1430 S. MILITARY TRAIL~~
~~WEST PALM BEACH FL 33415~~
~~406~~

4560, Cresthaven Blvd
West Palm Beach, FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1987

4. FEI Number

65-0012679

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDELSON, LEE
2845 N. MILITARY TR.
#15
W PALM BEACH FL 33409

81 Name

Michael Fairclough

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

General Business Services, Coco Plum Plaza Sre

83

2845, N. Military Trail

84 City

West Palm Beach

FL

85 Zip Code

33409

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/98.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME HENDELSON, SCOTT
STREET ADDRESS 312 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE CD
NAME HENDELSON, SCOTT
STREET ADDRESS 312 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE V
NAME HENDELSON, DENISE
STREET ADDRESS 312 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PST
1.2 NAME Hendelson Scott
1.3 STREET ADDRESS 4560 Cresthaven Blvd
1.4 CITY-ST-ZIP West Palm Beach, FL 33415

2.1 TITLE CD
2.2 NAME Hendelson Scott
2.3 STREET ADDRESS 4560, Cresthaven Blvd
2.4 CITY-ST-ZIP West Palm Beach FL 33415

3.1 TITLE V
3.2 NAME Hendelson Denise
3.3 STREET ADDRESS 4560, Cresthaven Blvd
3.4 CITY-ST-ZIP West Palm Beach FL 33415

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

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, or on an attachment with an address.

SIGNATURE

[Signature]

4-10-98

501-642-1308

CR2E034 (10/97)