

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25663

1. Corporation Name

INTERNATIONAL INSURANCE OF EAST BOCA, INC.

Principal Place of Business

1200 S. FEDERAL HWY
FT. LAUDERDALE FL 33316
US

Mailing Address

1200 S. FEDERAL HWY
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business

21 5730 NW 38th Ave

2a. Mailing Address

26 5730 NW 38 Ave

Suite, Apt. #, etc.

22 BOCA RATON

Suite, Apt. #, etc.

27 110 R. Margolis

City & State

23 Florida (Palm B.)

City & State

28 BOCA RATON, Florida

Zip

24 33496

Country

25 USA

Zip

29 33496

Country

30 USA

9. Name and Address of Current Registered Agent

ORRIN, BEILLY E
105 S NARCISSUS AVE
705
W PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1988

4. FEI Number

65-0056168

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

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 PSTD ☐ DELETE
NAME MARGOLIS, ROBERTA B.
STREET ADDRESS 1200 S. FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 PSTD ☒ Change ☐ Addition
1.2 NAME Roberta Margolis
1.3 STREET ADDRESS 5730 NW 38th Ave.
1.4 CITY-ST-ZIP Boca Raton, FL 33496

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberta Margolis 4/15/99 561-998-4359

Date

Daytime Phone #

0297126

CR2E034 (11/98)

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90062 046 ***150.00

