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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K61149

1, Corporation Name

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90041 026 \*\*\*150.00

ANTHON	y r. masilotti insuf	RANCE AGENCY, INC.							
Principal Place	of Business	Mailing Address							
1246 ROYAL PALM BEACH BLVD. 1246 ROYAL PALM BEACH B ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 334						• •			
ROTAL PALM BEACH PL 33411 ROTAL PALM BEACH PL 334						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	٠		ŀ
- D: : 1D		0 - Molling Address				01/26/1989 4. FEI Number			Applied For
	ace of Business	2a. Mailing Address				65-0122021			lot Applicable
21 Suite; Apt.	#. etc.	Suite, Apt. #, etc.					- · · · · ·		Additional
22	,	27				5. Certificate of Status Desired		Fee F	Required
City & State	9	. City & State		-	_	6. Election Campaign Financing -	7		May.Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Inta	ingible □Yes	□No .
24	9. Name and Address of C	29	30			Personal Property Tax.  10. Name and Address of New Regi	istered A		
	9. Name and Address of C	diretit Kegistered Agent		81	Name	10. Hame and the			
MAS	ILOTTI, ANTHONY R						. ——		
	ROYAL PALM BEACH BLV	D.		82	Street Ad	dress (P.O. Box Number is Not Acceptable	')		
ROY.	AL PALM BEACH FL 33411			83					
	,			84	City		•	85 Zis	Code
				·	City		FL		
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Si State of Florida. Such change w	tatutes, the at	ove-	named con he corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept the	rpose of one appoint	changing i itment as	registered
11. Pursuant office or re agent. I as SIGNATURE	to the provisions of Sections 60 egistered agent, or both, in the immediate miliar with, and accept the company of the company	~1(ABE-					DATE		
Į.	Signature, typed or printed name of register OFFICER	red agent and title if applicable.  RS AND DIRECTORS	NOTE: Registered	Agent			DATE	D DIREC	FORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of register OFFICER	red agent and title if applicable. (	NOTE: Registered  13. E 1.1 TO	Agent		uired when reinstating)	DATE		FORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of register  OFFICER  DPS  MASILOTTI, ANTHONY R.	red agent and title if applicable. (RS AND DIRECTORS	13. E 1.1 TIT	Agent LE ME	signature requ	uired when reinstating)	DATE	D DIREC	FORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of register OFFICEF DPS MASILOTTI, ANTHONY R. 1246 ROYAL PLM. BCH. I	red agent and title if applicable. (RS AND DIRECTORS	NOTE: Registered  13. E 1.1 Till 12 NA 1.3 ST	Agent LE ME	signature requ	uired when reinstating)	DATE	D DIREC	FORS 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 of 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 attachpent with an address, wittpall of the province of the corporation of the corporation of the corporation of the receiver of 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 attachpent with an address, wittpall of the corporation of

SIGNATURE: