

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K66997 (3)

1. Corporation Name

ABSOLUTE INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

17010 S. DIXIE HWY.
PERRINE FL 33157
US

17010 S DIXIE HWY.
PERRINE FL 33157
US

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

SHAPIRO, MELVIN
8034 SW 91 AVE
MIAMI FL 33173

3. Date incorporated or qualified

02/14/1989

3a. Date of Last Report

06/12/1995

4. FEIN Number

65-0194837

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. 190.032
Florida Statutes ☐ 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

SIGNATURE

Signature must be signed by the registered agent or the corporation.

NOTE: If a new agent is being registered, attach a copy of the

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SHAPIRO, MELVIN
8034 SW 91ST AVE.
MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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☐ DELETE

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

254-1982

CR2E034 (12/95)