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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L06365

1. Corporation Name

(5)

PATGO INSURANCE AGENCY OF FLORIDA, INC.				
Principal Place of Business	Mailing Address			
4770 BISCAYNE BLVD., PENTHOUSE G MIAMI FL 33137	4770 BISCAYNE BLVD., PENTHOUSE G MIAMI FL 33137-3251			

## FILED Apr 15 1997 8:00am Secretary of State



3/26/97
Daytime Phone P

Principal Place of Business	Mailing Address			1			
4770 BISCAYNE BLVD PENTHOUSE G MIAMI FL 33137	4770 BISCAYNE BLVD., P MIAMI FL 33137-3251	enthouse g					
	•		3. Date incorporated or Qualified 06/03/1989	3a. Date of Last Report 05/01/1996			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For	
21	26			65-0144260		Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	75 Additional se Required	
City & State	City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing     Trust Fund Contribution		.00 May Be	
Zip Country 25	Zip .	Country 30		a. This corporation has liability for i	orporation has liability for intangible tax under s. 199.032,		
g. Name and Address of Current		1901		10. Name and Address of New Re			
GOMEZ, HENRY		81	Name			<u></u>	
4770 BISCAYNE BOULEVARD		82	Street Adio	dress (P.O. Box Number is Not Acceptab	la)	<del></del>	
PENTHOUSE G		"	Street Mac	addender is not vod vo. 1) seed	10)		
MIAMI FL 33137		83	· · · · · · · · · · · · · · · · · · ·				
		64	City		15-1	Zip Code	
			City	•	FL  85	zip code	
<ol> <li>Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. Lam familiar with, and accept the obligat</li> </ol>	of Florida. Such change was	authorized by	the corpora	poration submits this statement for the pation's board of directors, I hereby accep	urpose of chang t the appointmen	ing its registered nt as registered	
SIGNATURE							
Signature, typed or prefed name of registered agen	t and title if applicable. (NO	TE: Registered Ager	i signature requ	uired when reinstating)	DATE		
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE P	☐ DELETE	1.1 TITLE	76	on and the sale	<b>✓</b> Cha	ange Addition	
NAME GOMEZ, HENRY		1.2 NAME	6-1	omer. Henry			
STREET ADDRESS 9999 COLLINS AVENUE #11E		1.3 STREET	VDDRESS   å	1561 May 12 1		-	
CITY-SI-ZIP BAL HARBOR FL 33154		1.4 CITY-ST	-ZIP	t. Lauderdale, FL	333a 1		
TITLE VP	☐ DELETE	2.1 TITLE	y	omer, krikig 1561 mayfair Lane F. Lauderdale, FL Former, Patricia 1561 mayfair Lane H. Lauderdale, FL	<b>L</b> Chi	ange	
NAME GOMEZ, PATRICIA		2.2 NAME	9	remer, factorist			
STREET ADDRESS 9999 COLLINS AVENUE #11E		23 STREET	ADDRESS   d	1561 1/12/1 2012	2-11-		
CITY-ST-ZIP BAL HARBOR FL 33154	Derete	2. 4 CITY-S	1-21P <b>+</b>	4. Laudekarie, FL	<u> </u>	The defition	
TITLE S	DELETE	3,1 TITLE			L Cha	ange [] Addition	
NAME MENDEZ, YOLANDA STREET ADDRESS 13380 SOUTH WEST 50 STREE	<b>:</b> ⊤	3.2 NAME					
44440 FL 0047F	<b>:</b> 1	3.3 STREET /	ſ				
	DELETE	3.4. CITY - ST	I - ZIP		I ∃ ch:	ange Addition	
TITLE	La Decete	4.2 NAME	1		L., 614	wild Fin Medicion	
ļ			IDDDscc				
STREET ADDRESS		4.3 STREET A					
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST 5.1 TITLE	- ZIF		Chi	ange Addition	
NAME	F	5.2 NAME					
STHEET ADDRESS		5.3 STREET	UDBESS				
CITY - ST - ZIP		5.3 STREET A					
TIT(E	DELETE	6.1 TITLE	-211		☐ Ch	ange Addition	
NAME	had build	6.2 NAME	. [			hand - walled	
STREET ADDRESS		6.3 STREET A	NODRESS				
CITY ST-ZIF		6.4 CITY - ST					
14. I do hereby certify that the information supplied information indicated on this annual report or su	with this filing does not qual			ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that the	
information indicated on this annual report or si	poplemental annual report is	true and accur	ate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if mac	le under oath: tha	