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

**PROFIT** CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (5)

PATGO INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 30 1998 8:00am Secretary of State



4770 BISCAYNE BLVD PENTHOUSE G MIAMI FL 33137		4770 BISCAYNE BLYD. PENTHOUSE G MIAMI FL 33137		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/03/1989	
	lace of Business	2a. Mailing Address	-40 1	4. FEI Number	Applied For
	N. State Road 7	26 4620 N.SH	ar Koad :	65-0144260	Not Applicable
Suite, Apt. #, etc. 22. # 208		Suite, Apt. #, etc. 27 # 208		5. Certificate of Status Desired	3 \$8.75 Additional Fee Required
City & State 23 Ft. Lauderdak, FL		28 Ft. Lauderdale, FL Zip Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3 3 3 19 25 USA 29 3 3 3 1 9			Country 30 USA	This corporation owes or has paid to Personal Property Tax due June 30	. 🗗 Yes 🗌 No
9, Name and Address of Current Registered Agent				10. Name and Address of New Regis	tered Agent
GOMEZ, HENRY 81 Name					
4770 BISCAYNE BOULEVARD PENTHOUSE G MIAMI FL 33137			83 4 6	Address (P.O. Box Number is Not Acceptable)  20 N. State Road  #208	#7
			84 City	t. Lauderdale	FL 85 Zip Code 3 33 /9
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					
	Signatura, typed or printed name of registered agent		Registered Agent signature		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
TITLE	<b>"</b>	☐ otttit	1.1 TITLE		L Change L Addition
NAME OTOGET LEDDEGO	GOMEZ, HENRY 2561 MAYFAIR LN		1.2 NAME		
STREET ADDRESS	FT LAUDERDALE FL		1.3 STREET ADDRESS	weston, FL 3332	7
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	0023141,1 2 2322	Change Addition
NAME	GOMEZ, PATRICIA		2.2 NAME		
STREET ADDRESS	2561 MAYFAIR LN		2.3 STREET ADDRESS		\
CITY - ST - ZIP	FT LAUDERDALE FL		2.4 CITY-\$T-ZIP	weston, FL 33327	
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	MENDEZ. YOLANDA	_	3.2 NAME		
STREET ADDRESS	13380 SOUTH WEST 50 STRE	ET	3.3 STREET ADDRESS		i
CITY-ST-ZIP	MIAMI FL 33175		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY-ST-ZIP		

indicated on this annual report or supplied 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 of 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.

4/16/98