

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L09385** (0)

1. Corporation Name

COSTAMAR INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

**9813 PINES BLVD.
PEMBROKE PINES FL 33024**

**9813 PINES BLVD.
PEMBROKE PINES FL 33024**

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

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State, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Country

9. Name and Address of Current Registered Agent

**SHERBO, GEORGE M.
305 NW 103 TERRACE
PEMBROKE PINES FL 33026**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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Zip Code

3. Date Incorporated or Qualified

08/15/1989

3a. Date of Last Report

01/17/1995

4. FEI Number

65-0151457

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

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