

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 23 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99/93

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L09385** (0)
1. Corporation Name
COSTAMAR INSURANCE AGENCY, INC.



Principal Place of Business 9813 PINES BLVD. PEMBROKE PINES FL 33024	Mailing Address 9813 PINES BLVD. PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 01/23/1996
				4. FEI Number 65-0151457	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHERBO, GEORGE M. 305 NW 103 TERRACE PEMBROKE PINES FL 33026				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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERBO, GEORGE M.			1.2 NAME	500002250685--6		
STREET ADDRESS	305 NW 103 TERR.			1.3 STREET ADDRESS	-07/29/97--01067--011		
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP	*****165.00 *****165.00		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E034 (4/97)



INSURANCE AGENCY. INC.

9813 Pines Blvd.,

Pembroke Pines, FL 33024

(305) 437-2100 • FAX: (305) 437-2209

7/16/97

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

I mailed our check no. 2308 in the amount of \$165.00 on January 06, 1997
for payment of our corporation annual report.

This check has not been cleared by my bank and apparently has been lost
in the mail.

I am submitting a duplicate check in the amount of \$165.00 which I am
requesting that you accept for my filing fee. I am including a copy of my
check book stubs showing the check date and number.

Very Truly Yours,

George M. Sherbo

George M. Sherbo

pg 3 of 3

2306		BAL BRO'T FOR'D		
12/27/96		19		
TO M A I G				
FOR <i>PRP/PPD Transmittal</i>		DEPOSITS		
12/27/96				
TOTAL				
THIS CHECK			358	88
OTHER TRANS. +/-				
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE		

2307				
12/27/96		19		
TO Mountain Communities				
food supplies		DEPOSITS		
FOR Invoice 068809				
A/N 02390				
TOTAL				
THIS CHECK			642	30
OTHER TRANS. +/-				
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE		

2308				
1/06/97		19		
TO Dept. of State				
FOR <i>Corp. annual Report 1997</i>		DEPOSITS		
TOTAL				
THIS CHECK			165	00
OTHER TRANS. +/-				
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE		

COSTAMAR RESIDENCY AGENCY
 9813 BIRTS BOULEVARD
 PEMBROKE PINES, FL. 33024
 (954) 437-2100