

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11767 (5)

1. Corporation Name

M & M INSURORS OF ORLANDO, III, INC.

Principal Place of Business

4720 S ORANGE BLOSSOM TRAIL
8000 E COLONIAL DR
ORLANDO FL 32839
US

Mailing Address

4720 S. ORANGE BLOSSOM TR.
8000 E COLONIAL DR
ORLANDO FL 32839
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2973085

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 filed for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 4720 S. ORANGE BLOSSOM TR.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip Country

24 32839 US

2a. Mailing Address

26 4720 S. ORANGE BLOSSOM TR.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip Country

29 32839 US

30 US

9. Name and Address of Current Registered Agent

MICALIZIO, ROBERT
4720 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

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, as 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

Robert Micalizio
Signature, Title or Contact Name of registered agent and the applicable

ROBERT MICALIZIO

(NOTE: Registered Agent signature required when registering)

DATE

4/21/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MICALIZIO, ROBERT
STREET ADDRESS	4720 S. ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or as an attachment with an address.

SIGNATURE:

Robert Micalizio
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/20/95

(407) 851-1600