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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90003 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L11767**

1. Corporation Name

**M & M INSURORS OF ORLANDO, III, INC.**

Principal Place of Business

**4720 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839  
US**

Mailing Address

**4720 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/23/1989**

4. FEI Number

**59-2973085**

Applied For

Not Applicable

2. Principal Place of Business

**21 6220 S. Orange Blsm Tr**

2a. Mailing Address

**26 6220 S. Orange Blsm Tr**

Suite, Apt. #, etc.

**22 #604**

Suite, Apt. #, etc.

**27 #604**

City & State

**23 Orlando, FL**

City & State

**28 Orlando, FL**

Zip

**24 32809**

Country

**25 Orange**

Zip

**29 32809**

Country

**30 Orange**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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)

**6220 S. Orange Blossom Trail**

83

**Suite 604**

84

**City Orlando**

**FL**

85 Zip Code

**32809**

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

**Robert Micalizio**

**4/23/99**

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **6220 S. Orange Blossom Tr #604**  
1.4 CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT MICALIZIO**

**4/23/99**

**407-851-1600**

Date

Daytime Phone #

CR2E034 (11/98)