ANN	PROFIT RPORATION UAL REPORT 1996	Sandra Secret DIVISION OF	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCU 1. Corporation	IMENT # L2180	04 (4)			
LEN	I FELDMAN INSURANCE AGI	ENCY, INC.			
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Principal Plac	e of Business	Mailing Address			1841 8181 8181 8181 8181 8184 8184 8184
SUITE 10	NERSITY DRIVE 12-A SPRINGS FL 33074	1500 M. UNIVERSITY STE, 243 CORAL SPRINGS FL			
0.5: : : :		US		 Date Incorporated or Qualified 10/10/1989 	3a. Date of Last Report 04/28/1995
21 /500	tace of Business to Drive	2a. Mailing Address		4. FEI Number 65-0161036	Applied For
Suite, Apt.		Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Stat	Sul Califor C	City & State		Election Campaign Financing	Fee Required
Zip	Country	Zip	Country	Trust Fund Contribution	\$5.00 May Be Added to Fees
24 334	25 BrowARD	29	Country 30	This corporation has liability for Florida Statutes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New F	
	MAN, LEONARD			Address (P.Ö. Box Number is Not Acceptab	
1500 SUITE	UNIVERSITY DRIVE		LL	Address (r.O. Box Number is Not Acceptab	le)
	AL SPRINGS FL 33071		83		
11 Direction	the analysis of the same of th		84 City		FI 85 Zip Gode
Or registor					
familiar wi	ed agent, or both, in the State of Florida th, and accept the obligations of Section	and 607.1508, Florida Statutes Such change was authorized 607.0505, Elevido Statutes	the above-named of by the corporation's	orporation submits this statement for the pur- board of directors. I hereby accept the appx	
SIGNATURE	iri, and accept the obligations of, Section	n 607.0505, Florida Statutes.	, , , , , , , , , , , , , , , , , , , ,	and or allocators. Thereby accept the appx	
SIGNATURE	in, and accept the obligations of, Section Signature typod or printed name of registered agent an	n 607.0505, Florida Statutes. d little if applicable. (NOTE	Registered Agent signature	required when reinstating)	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	Signature typed or printed name of registered agent an OFFICERS AND I	n 607.0505, Florida Statutes. d little if applicable. (NOTE	, , , , , , , , , , , , , , , , , , , ,	required when reinstating) ADD/TIONS/CHANGES TO OFFI	pose of changing its registered office pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered agent an OFFICERS AND I PV FELDMAN, LEONARD	n 607.0505, Florida Statutes. d line if applicable. (NOTE DIRECTORS	Fegistered Agent signature (13. 1.1 TITLE 1.2 NAME	required when reinstating) ADD/TIONS/CHANGES TO OFFI	pose of changing its registered office pintment as registered agent. I am DATE CERS AND DIRECTORS IN 12
SIGNATURE	Signature typed or printed name of registered agent an OFFICERS AND I PV FELDMAN, LEONARD 1515 UNIVERSITY DR. \$102A	n 607.0505, Florida Statutes. d line if applicable. (NOTE DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	President. 1862 N.W. 978 Aven	DATE CERS AND DIRECTORS IN 12 Change Addition
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