SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address 8712 134TH ST

PROFIT CORPORATION ANNUAL REPORT

1000

Principal Place of Business

8712 134TH ST



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90012 047 ***550.00

1999	GOO WE TO			
DOCUMENT # 1. Corporation Name	L35402			

DURAN & DURAN INSURANCE, INC.

2. Principal Place of Business	SEMINOLE FL US	33706-2634		S U	eminole fl 33776-2634 s	ļ			DO NOT WRITE IN THIS SPACE
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Suite, Apt. #, etc.									12/07/1989
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	2. Principal Pl	lace of Busin	ess	2a.	Mailing Address		<u> </u>		4. FEI Number Applied For
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9. Name and Address of Current Registered Agent 9. Name and Address of Fourtent Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. DUNEDIN FL 34698 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 agent, and semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with, and accept the coligistrons of, section 607.0508, Florida Statutes, semilar semilar with a semilar semi			Country	1.01	Zip	Cou	ntry		8. This corporation owes the current year
P. Name and Address of Current Registered Agent RONAN, THOMAS A. 2340 MAIN ST SUITE L DUNEDIN FL 34698 33 B4 City FL 85 Zip Code 11. Pursuant to the provisions of sections 507.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are him analized with, not accept the obligations of, section 607.0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are him analized with, not accept the obligations of, section 607.0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are mailled with, not accept the obligations of, section 607.0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. THE DURAN, JAMES A. 13.STREET ADDRESS STREET ADDRESS 13. STREET ADDRESS 13. THE LIGHT AGENCY AG		ŀ	·	29		30	·		
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2340 MAIN ST SUITE L DUNEDIN FL 34698 44 City FL as Zip Code 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the adverted by the 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 segent, I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the adverted by the corporation's board of directors. I hereby accept the appointment as registered segent, I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 UDRAN, JAMES A. 9712 134TH ST 13.STREET ALORESS OTH ST2P DURAN, GILBERT R. 14.GTHST2P 14.GTHST2P TITLE DURAN, GILBERT R. 14.19 NORFOLK ST 22.NAWE 22.NAWE 22.NAWE 22.NAWE 22.NAWE 23.NAME TAKES A. 33.STREET ALORESS CITYST 2IP TITLE DURAN, GILBERT R. 14.19 NORFOLK ST 22.NAWE 23.NAME TAKES A. 33.STREET ALORESS CITYST 2IP TITLE DELETE 1.TITLE DELETE 1.TITLE DELETE 1.TITLE Change Addition ADDITIONS CHANGES A. Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS CHANGES A. Change Addition Addition Addition Addition Addition ADDITIONS CHANGES A. Change Addition Addition Addition ADDITIONS CHANGES A. Change Addition Addition ADDITIONS CHANGES A. Change Addition Addition ADDITIONS CHANGES A. ADDITIONS CHANGES							81	Name	ne
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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 capital specific as if made under path; that I am								- ADDDC00	
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 capital specific as if made under part is true and accurate and that my signature shall have the same legal effect as if made under part; that I am	** *		S. Cal			. I			ω
indicated on this control report of supplemental coport is true and accurate and that my signature shall have the same legal effect as it made under call. That I am				46.1- C**	does not such fire				d in contion 119 07(3)(i) Florida Statutes I further certify that the information
an officer or director of the exprovation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears	indiantad c	on this annua	l roport de cupplomonial	annual.	report is true and accu	irata and	that	mv cian	anature shall have the same legal effect as it made under gain; that I am
	an officer	or director of	the corporation or the re	ceitér.	or trustee empowered t	o execute	thi:	s report	rt as required by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE: JAMUA JAMES REQUIR

123/99 727-420-365