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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

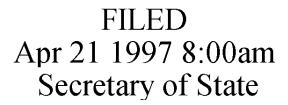
DOCUMENT # L82595

(4)

A COVER-ALL INSURANCE AGENCY OF TAMPA BAY, INCOR PORATED

Principal Place of Business

Mailing Address





5445 MARINER OR SUITE 101 TAMPA FL 33609			5445 MARINER DR SUITE 101 TAMPA FL 33609-3415						
						3. Date Incorporated or Qualified 06/25/1990	3a. Date	of Last R	Roporl
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		·	oplied For
21	Al	26				59-3042681	Not Applicable		
Sulte, Apt.	. ₩, ΘIC.	27 Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	le	City & State	Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip 24	Country Z _{IP} 25 29 30			untry	,	8. This corporation has liability for i	on has liability for intangible tax undor s. 199.032,		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
	STAN, MICHAEL S			81	Name				
5445 W. MARINER ST. TAMPA FL 33609					Street Add	Address (P.O. Box Number is Not Acceptable)			
, , , , , , , , , , , , , , , , , , ,	MINITE GOODS			83					
				64	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	Statutes, the a	above	L c-named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of c	nanging i	ts registered
agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	ate of Fiorida. Such change digations of, Section 607.050	was authorize 05, Florida Sta	atute	z ine corpora s.	ation's board of directors, I hereby accep	я те арроп	imeni as	registereo
SIGNATURE								· · · · · · · · · · · · · · · · · · ·	
12.	Signature, typed or printed name of registered OFLICERS	AND DIRECTORS	13.		int signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND D	IBECTOE	RS IN 12
TITLE	PCOB		DELETE 1.11		1	The state of the s		Change	Addition
NAME	LUSTAN, MICHAEL S		1.21	MAME					
STREET ADDRESS			1.3 5	1.3 STREET ADDRESS					
CITY-ST-ZIP			CITY - S	1 - 71P					
TITLE		DELET	DELETÉ 2.11					_] Change	Addition Addition
NAME			2.21	NAME					
STREET ADDRESS			2.3 5	STREET	ADDRESS				
CITY-ST-ZIP		T prier			S1-ZIP			7 (6	Addition
TALE		L_ DELET					L.	_ Change	Addition
NAME PROCEST ADDRESS				NAME	ADDDECC				
STREET ADDRESS CITY-ST-ZIP					ADDRESS S1-ZIP				
TITLE		DELET			31-211	ENGLISHED HE HE LEVEL IN 1811 OF THE OWN OF THE OWN OF THE OWN OF THE STREET AND THE OWN OF THE OWN OWN OF THE OWN		Change	Addition
NAME				NAME			_	•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				C(1Y - 5	61 - Z(P				
TITLE		☐ DELET	E 5.1 7	TITLE				Change	☐ Addition
NAME			5.21	NAME					
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP					51 - ZIP			٠	
TITLE		☐ DELET					Ĺ	_ Change	Addition
NAME				MAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 (CITY-9	ST - 74P				

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.

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