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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

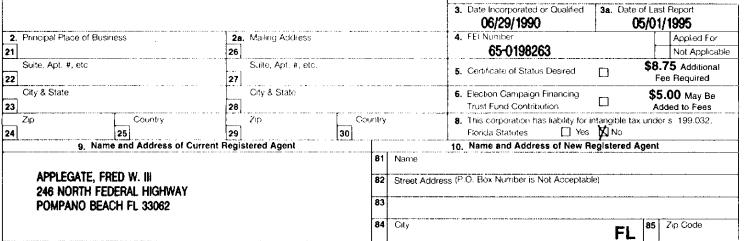
DOCUMENT #

L85565

SOUTHGATE INSURANCE AGENCY OF POMPANO BEACH, INC

Principal Place of Business 246 NO FEDERAL HIGHWAY POMPANO BEACH FL 33062 Making Address

246 NO FEDERAL HIGHWAY POMPANO BEACH FL 33062



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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 1ITEE	Change Additi
NAME	APPLEGATE, FRED W. III		1.2 NAME	
STREET ADDRESS	246 N. FED. HWY		1 3 STREET ADDRESS	
CITY - ST - ZiP	POMPANO BEACH FL		1.4 CITY - ST - ZIP	
TITLE	VD	☐ DETE LE	2 1 TITLE	Change Addition
NAME	ASMAR, E.H.		2.2 NAME	
STREET ADDRESS	246 N. FED. HWY		2.3 STREET ADDRESS	
CITY-ST-7IP	POMPANO BEACH FL		2 4 CiTY - ST - 7IP	
TITCE	SD	DELETE	3 1 T-TLE	Change Add to
NAME	APPLEGATE, CAROLYN B.		3.2 NAME	
STREET ADDRESS	246 N FEDERAL HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CHY+ST+ZIF	
TITLE	TD	☐ DELETE	4 1 TITLE	Change Add ti
NAME	MARSHALL, CATHERINE L		4.2 NAME	
STREET ADDRESS	246 N FEDERAL HWY		4.3 STREET ADDRESS	
CrTY - ST - ZIP	POMPANO BCH FL		4 4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 Cilly - \$1 - ZiP	
TITLE		DELETE	6 1 T:TLE	Criange Addition
NAME			6.2 NAME	
STREET ADDRESS		. •	6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 C+1Y - S1 - Z+P	

certify that the information indiort 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 dire appears in Block 12 or Block 1; owered to execute this report as required by Chapter 607 Florida Statutes; and that my name

954 942 4400

SIGNATURE:

AppleqateIII President