

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -1 AM 10: 57

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000000758

PLI INSURANCE AGENCY OF FLORIDA, L.C.
~~7777 W. GLADES RD.~~
~~SUITE 110~~
~~BOCA RATON FL 33434~~

1a. Principal Place of Business Address

~~7777 W. GLADES RD.~~
~~SUITE 110~~
~~BOCA RATON FL 33434~~

2. Principal Place of Business

6100 Holly wood Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

Hollywood FL

Zip

33024

Country

USA

2a. Mailing Address

25 Independence Blvd

Suite, Apt. #, etc.

4th FL.

City & State

Warren NJ

Zip

07059

Country

USA.

3. Date Organized or Qualified

07/17/1996

3a. State of Formation

FL

4. FEI Number

65-0715551

☐ Applied For

☐ Not Applicable

5. Date of Last Report

02/19/1997

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

8000002511868--0

-05/05/98--01131--001

****188.75 ****188.75

Zip Code

FL

MAH

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GIMELSTOB, HERBERT	4330 LIVE OAK BLVD.	DELRAY BEACH FL
MGR	GIMELSTOB, ELAINE	4330 LIVE OAK BLVD.	DELRAY BEACH FL
MGR	LIPSEY, JACK	4573 WHITE CEDAR LANE	DELRAY BEACH FL
MGR	TESCHE, ROBERT W	1479 SAUCOM MEADOW CT	BETHLEHEM PA sket
MGR	Paul Funk	25 Independence Blvd. 4th FL	Warren NJ

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address:

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/29/98 908-903-6500