FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90012 015 ****150.00

DOCU 1. Corporation	MENT # L97081						
POIRIER	I INSURANCE AGENCY, INC.	1					
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Principal Plac	ce of Business	Mailing Address			i searrest and takit saust baset leval ites frac	I QIBIL QIBIL BIBIL	
50 SOUTH US	HIGHWAY 1	50 SOUTH US HIGHWAY 1	ļ				
SUITE 213 SUITE 213				DO NOT WRITE IN THIS SPACE			
JUPITER FL 33477 US US US				3. Date Incorporated or Qualified			
••					08/31/1990		. }
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21	·	26			65-0223742		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22 27					3. Contribute of Ortaled Booties		equired
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Country	/	This corporation owes the current year I Personal Property Tax.	ntangible	□No
-	9: Name and Address of Current	L L	1201		10. Name and Address of New Registere		
	LAPPING		81	Name			
POI	RIER, STEPHEN M. SOUTH US HIGHWAY 1		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	E 213		83	ļ		4.50 - 2 - 3.50 + 15 - 1 - 3.50 - 515 3 - 1.50 1	
	TER FL 33477		83	'l			
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
Se Coffice or r Se Sagent. La	egistered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	iuthorized by irida Statutes	the corporation	on's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE		48				·	{
	Signature, typed or printed name of registered agent			nt signature required	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	PVTS POIRIER, STEPHEN M.	LJ DELETE	1.1 TITLE			. Change	☐ Addition
STREET ADDRESS	TO A 11A LIBERTIAN A DEPART ALL		1.2 NAME 1.3 STREET ADDRESS			٠,	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-9		·		Į
TITLE	OGITICATE	☐ DELETE	2.1 TITLE	11-217		Change	Addition
NAME			2.2 NAME	· (
STREET ADDRESS	·		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	The state of the s		2. 4 CITY-	ST-ZIP			ļ
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CITY-ST-ZIP		S DELETE	4.4 CITY-S	T-ZIP		F105000	Addition
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STREET ADDRESS			•	T ADDRESS			
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TITLE	इंदिन्हें पूर्वित के प्राप्त अंदिर है.	DELETE	6.1 TITLE			☐ Change	Addition
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STREET ADORESS	्रे प्राप्तिक स्		6.3 STREE	T ADDRESS	·		ļ
1			6,4 CITY-S	7 710	•		ł
CITY-ST-ZIP			E 0.4 CH 1-3	1-ZIF			1

increase certain 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 tife corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE STORES PRINTED NAME OF SIGNING OFFICER OF DIRECTOR POINTED PRODUCTION DATE OF SIGNING OFFICER OF DIRECTOR PRODUCTION DATE OF SIGNING OFFICER OF OF SIGNING OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNIN

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