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

Mailing Address

TAMPA FL 33634

% VIVIAN Z. BRAAKSMA

5503 W WATERS AVE.. SUITE 505

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **Ω4/Ω5/1988**

02-17-1999 90091 038 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75374 1. Corporation Name

Principal Place of Business

5503 W WATERS AVE., SUITE 505

% VIVIAN Z. BRAAKSMA

SIGNATURE:

TAMPA FL 33634

VIVIAN Z. BRAAKSMA INSURANCE AGENCY, INC.

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Principal Pl	Place of Business 2a. Mailing Address					4. FEI Number			olied For	· ·	
21	26					59-2889943			Applicable	1.	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	□	8.75 A		12	
27						5. Certificate of Status Desired	-	Fee Req	quired		
City & State City & State						6. Election Campaign Financing		\$5.00 _. N	May Be	1 .	
¬ '					•	Trust Fund Contribution	E	Added to			
23 Zip	Country Zip Cour					8. This corporation owes the curren	t vear Intang	ible		1	
— ·	25 29 30					Personal Property Tax.			□No .		
24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent		81	Name	10. Humo una radioco or itom re	3.0.0.0.0			1	
BRAAKSMA, VIVIAN Z.					THAITIC						
					Street Addre	ess (P.O. Box Number is Not Acceptable	e)				
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11 Dureupht	to the provisions of Sections 607 0502	and 607 1508. Florida Stat	utes, the ab	юve-	named corpo	oration submits this statement for the pu	rpose of cha	nging its r	registered	1	
office or r	opictored agent or both in the State o	t Florida. Such change was	autnorizea	DV II	he corporatio	on's board of directors. I hereby accept	the appointm	ent as reg	istered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, F	lorida Statu	tes.		•					
SIGNATURE							DATE			١ _	
	Signature, typed or printed name of registered agent			Agent :	signature required	when reinstating)	DATE	UDECTO	96 IN 12	∤ &	
12.			_	13.		ADDITIONS/CHANGES TO OFFI		1 Change	Addition	(11/98)	
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STREET ADDRESS	[17.		6.3 ST	REET	ADDRESS		•			1	
			6.4 CIT	Y-ST-	-ZIP						
CITY-ST-ZIP	partify that the information supplied with	h this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I f	urther certify	that the ir	nformation	_	
indicated	on this annual report or supplemental	annual report is true and ac	curate and	that	my signature	section 119.07(3)(i), Florida Statutes, I e shall have the same legal effect as if r ired by Chapter 607, Florida Statutes; a	nade under o	ath; that I	am an		
officer or	director of the corporation or the received	mont with an address with	execute th	is re	port as requirence	ired by Chapter 607, Florida Statutes; a	ind that my n	ame appe	ars in		
BIOCK 12	OF BLOCK 13 IF CHARGED, OF OR AN ATTAC	inent with an address, with	an outer ilki	e cili	ipowered.	. /	/c/ \ /		_		