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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M85800**

1. Corporation Name
LIFTON INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
7301 W. PALMETTO PK RD 210B BOCA RATON FL 33433 US	7301 PALMETTO PK RD 210B BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/16/1988

4. FEI Number: 65-0059083 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1800 N.W. CORPORATE BLVD	26 1800 N.W. CORPORATE BLVD
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip / Country 24 33431 / 25 US	Zip / Country 29 33431 / 30 US

9. Name and Address of Current Registered Agent

LIFTON, LEWIS
5361 STEEPLECHASE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: EDWARD LIFTON
82 Street Address (P.O. Box Number is Not Acceptable): 11791 ROYAL PALM BLVD
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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

SIGNATURE: [signature] 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	LIFTON, EDWARD		1.2 NAME	EDWARD LIFTON	
STREET ADDRESS	7331 NW 48TH CT.		1.3 STREET ADDRESS	11791 ROYAL PALM BLVD	
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIFTON, LEWIS		2.2 NAME		
STREET ADDRESS	5361 STEEPLECHASE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, JANICE		3.2 NAME		
STREET ADDRESS	1901 NW 85TH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED 3/29/99 561 997 5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)