

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

FILED

May 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

Network Insurance Agency, Inc.

Principal Place of Business

Mailing Address

3818 Jog Road  
Greenacres, Florida 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

December 7, 1992

4. FEI Number

65-0379030

Applied For  
Not Applicable

5. Certificate 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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD J. BOGANI  
175 OLD COUNTRY ROAD  
WELLINGTON FL 33414

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres./Secr./Treas.	<input checked="" type="checkbox"/> DELETE
NAME	Steve Rademacher	
STREET ADDRESS	1020 SW 19th St., Boca Raton	
CITY-STATE-ZIP	FL 33486	

TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	Leloma Seaman	
STREET ADDRESS	5933 Forest Hill Blvd., W.P.B.	
CITY-STATE-ZIP	FL 33415	

TITLE	V.P.	<input checked="" type="checkbox"/> DELETE
NAME	Leslie Bogani	
STREET ADDRESS	175 Old Country Rd., Wellington	
CITY-STATE-ZIP	FL 33414	

TITLE	Vicky Rademacher	<input checked="" type="checkbox"/> DELETE
NAME	7375 Canal Drive	
STREET ADDRESS	Lake Worth, FL 33467	
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pre./Secr./Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard J. Bogani	
1.3 STREET ADDRESS	175 Old Country Road	
1.4 CITY-STATE-ZIP	Wellington, FL 33414	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		

3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Randall F. Bogani	
3.3 STREET ADDRESS	1981 Canterbury Circle	
3.4 CITY-STATE-ZIP	Wellington, FL 33414	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brian R. Salmon	
5.3 STREET ADDRESS	7282 Wilson Rd.	
5.4 CITY-STATE-ZIP	West Palm Beach, FL 33413	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/97)