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

| ANNUAL REP<br>1999  |   | Katheri  | PROFILE FLORIDA DEPARTMENT OF STATE       |   |  |  | FILLED                             |                       |              |  |
|---|---|--|---|---|--|--|------------------------------------|-----------------------|--------------|--|
|   | Carried the Asset 19  |  |   | 99 SEP 17 AM 8: 19  |  |  |                                    |                       |              |  |
| DO01114515  | 1999 DIVISION OF CORPORATIONS   |  |   |   |  |  |                                    |                       |              |  |
| DOCUMENT  1. Corporation Name   |   |  |   |   |  | MALESTARY OF STATE                                 |                                    |                       |              |  |
| NETWORK   | INSURANCE   | AGBROY,  | inc.                                      |   |  | •  |                                    |                       |              |  |
| Principal Place of Business   |   | Mailing Address  |   |   |  |  |                                    |                       |              |  |
| 3818 JOG ROAD LAKE WORM, FL. 38467 SAME   |   |  |   |   | 6/20199 90010046 \$61.25                             |  |                                    |                       |              |  |
| CARE COMA,  | 1.0. 33767  |  |   |   | 3. Date Incorporated                                 |  |                                    |                       | ]            |  |
| 2. Principal Place of Busin   | 588   | 2a. Mailing Address  |   |   | 4. FEI Number .                                      | 993  | L A                                | oplied For            | }            |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   | 6.3  | - 0379030  |                                    | ot Applicable         | }            |  |
| 22]   |   | 27   |   |   | 5. Certificate of Status                             | B Desired  |                                    | Additional<br>equired |              |  |
| City & State  |   | City & State   |   |   | 6. Election Campaigr<br>Trust Fund Contrib           |  |                                    | May Be                |              |  |
| Zip   | Country   | Zip  | Country                                   | ,   | <del></del>  | was the current year to                            | ntangible                          |                       | 1            |  |
|   | 25<br>and Address of Current  |  | 30  |   | Personal Property  10. Name and Address              |  | Yes                                | □No                   | $\downarrow$ |  |
| RICHAN  |   | The Bestelling Property  | 81  | Name R  | Andru Bo   | •  | VSIODAT                            |                       | 1            |  |
| 175 old 6   | CUNTRY Ad.  |  | 62  | Street Addre  | ss (P.O. Box Number is                               | Not Acceptable)                                    |                                    |                       | 1            |  |
| WOULLAGIVA  | FL. 33414   |  | 83  | 1941  | CANTER BU  | CIAC.  | <u> </u>                           |                       | 1            |  |
|   |   |  | 84  | City  |  |  | 85 Zip (                           | Code                  | ┨            |  |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. |   |  |   | ו שעון  | LINGTUN  | FL     22067                                       |                                    |                       | ┨            |  |
| office or registered age<br>agent I am familiar wit   | nt, or both, in the State of<br>h, and accent the obligation  | and 607.1506, Florida Statute<br>! Florida. Such change was au<br>one of. Section 607.0505. Flor   | s, me abov<br>thorized by<br>ide Statutes | the corporation   | 's board of directors, i h                           | ereby accept the appo                              | i crianging its<br>intraent as re  | gistered              | •            |  |
| SIGNATURE   | RANG  | JACL BOGADI.   |   | of algoriton materials  |  | 6/3/9  | 9                                  |                       | ĺ            |  |
| 12.   | of primed name of registered agent a<br>OFFICERS AND  | Ind title if applicable. (NOTE:  | Registered Age<br>13.                     | nt algoritum moutred o  | ADDITIONS/CHANG                                      | BES TO OFFICERS A                                  | NO DIRECTO                         | ORS IN 12             | (11/98)      |  |
| me Presine  |   | DELETE   | 1.1 TITLE                                 |   | 5 Prosiours  |  | Change                             | Addition              | E            |  |
| STREET ADDRESS 175 OLD  | BOBANI<br>CONTRA BOOM   | J  | 1.2 NAME                                  | i i   | 184 BOGAL  |  |                                    |                       | CR2E034      |  |
| 1   | ny 196 334  |  | 1.3 8 INCE                                | 1   | l cantengury   | CIR<br>L. 33414                                    |                                    |                       | 22           |  |
|   | Preside at  | O DELETE   | 2.1 TITLE                                 |   | 5100-  |  | ,XXIII henge                       | Addition              | 2            |  |
|   | Bobani  |  | 53 NAME                                   |   | ALL BOGANI   | cip.   |                                    |                       | ]            |  |
| STREET ADDRESS 1481 CA  | interbury Cir.<br>fru Fl 33411  | ப  | 2.3 STREE<br>2.4 City-5                   |   | unalter fl   | 75.4   | •                                  |                       | 1            |  |
| TITLE LEGICA  |   | DELETE   | 3.1 TITLE                                 | 1.20  | 00.000   |  | Change                             | Addition              | 1            |  |
| NUME BOTH A   | ALMON   | The state of the s | e igs dions :                             | <del>Virted Siring</del>  | <del>.,</del>  |  | <del></del>                        |                       | -            |  |
| STREET ADDRESS 7272 LA  |   | Ec. 33413  | 1.3 STREE                                 |   |  |  |                                    |                       | ſ            |  |
| TITLE WAST P  | 764 Boncy, .  | Fc. \$3973<br>□ DELETE   | 4.1 TIFLE                                 | 57-ZP   |  |  | Change                             | Addition              | ł            |  |
| NAME  |   |  | C2NAME                                    |   |  |  |                                    | _                     |              |  |
| STREET ADDRESS  |   |  | 43 STREET                                 | TADORESS  |  |  |                                    |                       | [            |  |
| City-St-ZiP   |   | □ DELETE   | 4.4 CITY-8<br>5.1 TITLE                   | T-20P   | <del></del>  |  | Change                             | Addition              | ł            |  |
| TITLE   |   | occent   | 52 NAME                                   |   |  |  | C average                          |                       |              |  |
| STREET ADDRESS  |   |  | 6.3 STREET                                | TADORESS  |  |  |                                    |                       |              |  |
| CITY-91-ZIP   |   |  | 5.4 CMY-8                                 | T-25P   |  |  |                                    | ☐ Addition            | ł            |  |
| TITLE   |   | ☐ DELETE   | 62 NAME                                   | 1   |  |  | Change                             |                       | 1            |  |
|   |   |  | 4.3 STREET                                | T ADDRESS   |  |  |                                    |                       | l            |  |
| - I   |   |  | 8.4 CITY-\$                               |   |  |  |                                    |                       | j            |  |
| STREET ADDRESS  |   |  | 4   |   | ction 119 07/3Vi) Florid                             | Otabalan I further on                              | with that the l                    | nformation            |              |  |
| CITY-ST-ZIP   | information supplied with<br>I report or supplemental a   | this filing does not qualify for<br>naual report is true and accur   | the exempt<br>ete and the                 | ion stated in Se<br>I my signature :                                  | thall have the same less                             | i effect as if made und                            | er oath; that i                    | lam an 🔎              | `_           |  |
| STREET ADDRESS CITY-ST-ZP  14. I hereby certify that the indicated on this annua officer or director of the   | information supplied with<br>if report or supplemental a<br>corporation or the receive<br>changed, or on an attachi | this filing does not qualify for<br>innual report is true and accur<br>or or trustee empowered to ex<br>ment with an address, with all   | the exemption of the other like or        | ion stated in Se<br>I my signature (<br>aport as require<br>apowered. | thall have the same legs<br>d by Chapter 607, Florid | I effect as if made und<br>is Statutes; and that n | ler oath; that i<br>ny name appe   | em an                 |              |  |
| STREET ADDRESS CITY-ST-ZP  14. I hereby certify that the indicated on this annua officer or director of the   | changed, or on an attachn   | this filing does not qualify for innusi report is true and eccur or trustee ampowered to exament with an address, with all the control of the | Other like of                             | прожегеа.   |  |  | er oath; that I<br>ny name appoint | •                     | 8            |  |