**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000017793

1. Corporation Name

STARBOARD INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

010 CE 16 CT

919 SE 16 ST

## FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90007 045 \*\*\*150.00



| DEERFIELD BEACH FL 33441                      |  | DEERFIELD BEACH FL 33441  |   |   |  |   |                                  |
|---|--|---|---|---|--|---|----------------------------------|
|   |  |   |   |   |  | E IN THIS SPACE                             |                                  |
|   |  |   |   |   | <ol> <li>Date Incorporated or Qualified 03/05/1993</li> </ol>                      |   |                                  |
| 2 Principal Pla                               | ace of Business  | 2a. Mailing Address   |   |   | 4, FEI Number  |   | Applied For                      |
| 21 3170 N. Fed. Huly Ste 100 26               |  |   |   |   | 65-0393627   |   | Not Applicable                   |
| Syite, Apt. #                                 | Apt. #, etc. Suite, Apt. #, etc.   |   |   |   | 5. Certificate of Status Desired   |   | 5 Additional<br>Required         |
| City & State City & State                     |  |   |   |   | Election Campaign Financing     Trust Fund Contribution                            |   | 00 May Be<br>led to Fees         |
|   | 33064 Groward - 28   |   |   |   |  |   |                                  |
| Zip   | Country  | Zip Country   |   |   | 8. This corporation owes the current year Intangible  Personal Property Tax Yes No |   |                                  |
| 24  | 25   | 29 30 30  |   |   | Personal Property Tax. Li Yes Li No  10. Name and Address of New Registered Agent  |   |                                  |
|   | 9. Name and Address of Current   | Registered Agent  | 81  | Name  | 10. Name and Address of New N  | egistered Agent                             |                                  |
| RDIN  | GGER, LAURA  |   | "   | INATITE   |  |   |                                  |
| 819 SE 16 ST<br>DEERFIELD BEACH FL 33441      |  |   | 82  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |                                  |
|   |  |   | 83  |   |  |   |                                  |
|   |  |   | 84  | 1 1   |  | FLI   | Zip Code                         |
| 11, Pursuant t<br>office or re<br>agent. I ar | o the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>n familiar with, and acceptance obligati  | and 607.1508, Florida Statutes<br>f Florida. Such change was aut<br>ons of, Section 607.0505, Flori | s, the abov<br>thorized by<br>ta Statutes | e-named corr<br>the corporati                         | poration submits this statement for the ion's board of directors. I hereby accept  | purpose of changing<br>t the appointment as | j its registered<br>s registered |
| SIGNATURE (                                   | Vaural- 12   | and title if aylikegole (NOTE: F  | Registered Age                            | dent  | ed when reinstating)   | 3/1/99<br>DAT                               | 7                                |
| 12.   | OFFICERS AND   | DIRECTORS   | 13.                                       |   | ADDITIONS/CHANGES TO OF  |   |                                  |
| TITLE   | Ď  | ☐ DELETE  | 1.1 TITLE                                 |   |  | Chan  | nge 🗌 Addition                   |
| NAME  | BRINGGER, LAURA  |   | 1.2 NAME                                  |   |  |   |                                  |
| STREET ADDRESS                                | 3170 N FEDERAL HWY SUITE 1   | 00  | 1.3 STREE                                 | TADDRESS  |  |   |                                  |
| CITY-ST-ZIP                                   | LIGHTHOUSE POINT FL 33064  |   | 1.4 CITY-S                                | T- ZIP  |  |   |                                  |
| TITLE   |  | ☐ OELETE  | 2.1 TITLE                                 |   |  | ☐ Char                                      | nge 🗌 Addition                   |
| NAME  |  |   | 2.2 NAME                                  |   |  |   |                                  |
| STREET ADDRESS                                |  |   | 2.3 STREE                                 | T ADDRESS   |  |   |                                  |
| CITY-ST-ZIP                                   |  |   | 2. 4 CITY-                                | ST-ZIP  |  |   |                                  |
| TITLE   |  | ☐ DELETE  | 3.1 TITLE                                 |   |  | ☐ Char                                      | nge 🗌 Addition                   |
| NAME  |  |   | 3.2 NAME                                  |   |  |   |                                  |
| STREET ADDRESS                                |  |   | 3.3 STREE                                 | T ADDRESS   |  |   |                                  |
| CITY-ST-ZIP                                   |  |   | 3.4. CITY-                                | ST-ZIP  |  |   |                                  |
| TITLE   |  | ☐ DELETE  | 4.1 TITLE                                 |   |  | ☐ Char                                      | nge 🔲 Addition                   |
| NAME  |  |   | 4. 2 NAME                                 |   |  |   |                                  |
| STREET ADDRESS                                |  |   | 4.3 STREE                                 | TADDRESS  |  |   |                                  |
| CITY-ST-ZIP                                   |  |   | 4.4 CITY-S                                | T-ZIP   |  |   |                                  |
| TITLE   |  | ☐ DELETE  | 5.1 TITLE                                 |   |  | ☐ Char                                      | nge 🗌 Addition                   |
| NAME  |  |   | 52 NAME                                   |   |  |   |                                  |
| STREET ADDRESS                                |  |   | 5.3 STREE                                 | TADDRESS  |  |   |                                  |
| CITY-ST-ZIP                                   |  |   | 5.4 CITY-S                                | IT-ZIP  |  |   |                                  |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE                                 |   |  | Char  | nge Addition                     |
| NAME  | e de de de la companya de la company |   | 6.2 NAME                                  |   |  |   |                                  |
| STREET ADDRESS                                |  |   | 6.3 STREE                                 | T 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 opporation 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 crianges or on an attachment with an address, with all otherwise empowered.

SIGNATURE: ()