

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90016 028 ***150.00

DOCUMENT # P93000019709

1. Corporation Name

All Patriotic Insurance, Inc.

Principal Place of Business

Mailing Address

~~6232 Pembroke Rd.~~
1299 E. Commercial Blvd.
Ft. Lauderdale, FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/12/93

2. Principal Place of Business

21 6232 Pembroke Rd.

Suite, Apt. #, etc.

22

City & State

23 Miramar FL

Zip

24 33023

Country

25 USA

2a. Mailing Address

26 P.O. Box 450520

Suite, Apt. #, etc.

27

City & State

28 Sunrise, FL

Zip

29 33345

Country

30 USA

4. FEI Number

650378699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

Paul Sternberg
1299 E. Commercial Blvd.
Ft. Lauderdale, FL 33334

10. Name and Address of New Registered Agent

81 Name Lawrence Miano, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
110 S.E. 6 Street
83
84 City Ft. Lauderdale FL 85 Zip Code 33301

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/26/99

12. OFFICERS AND DIRECTORS

TITLE President/Dir.
NAME Elizabeth Sternberg
STREET ADDRESS 1299 E. Commercial Blvd.
CITY-ST-ZIP Ft. Lauderdale FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Pres/Dir.
12 NAME Elizabeth Sternberg
13 STREET ADDRESS 6232 Pembroke Rd.
14 CITY-ST-ZIP Miramar, FL 33023

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 904-801-2719
Date Daytime Phone #

CR2E034 (11/98)