

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mennick
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031645 (3)**

QUOTE BUSTERS INSURANCE AGENCY, INC.

1. Principal Office:
1799 N. STATE ROAD 7
BAY 13
MARGATE FL 33063

2. Mailing Address:
1799 N. STATE ROAD 7
BAY 13
MARGATE FL 33063
US

PRINT WITH IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993	3a. Date of Last Report: 07/05/1994
4. FEI Number: 65-0407826	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 198.032 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office: 21	2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 22	27. State: 27
23. City & State: 23	28. City & State: 28
24. Zip: 24	29. Zip: 29

9. Name and Address of Current Registered Agent: CASAMAYOURET, LISA SIMONE 800 N.W. 44 AVE. COCONUT CREEK FL 33066	10. Name and Address of New Registered Agent: 81 Name: CASAMAYOURET, LISA SIMONE 82 Street Address: 4030 EDGEWOOD DR. 83 COCONUT CREEK 84 City: COCONUT CREEK 85 State: FL Zip Code: 33066
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11. I, Lisa Simone Casamayouret, the above named corporation, submit this statement for the purpose of changing its registered office to the above address in both the State of Florida. Such change was authorized by the corporation's board of directors, hereby, and by the department of state registered agent, Lisa Simone Casamayouret.
Date: 05/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: PD CASAMAYOURET, LISA SIMONE 2. STREET ADDRESS: 800 N.W. 44 AVE. 3. CITY: COCONUT CREEK FL 33066	1. NAME: PD CASAMAYOURET, LISA SIMONE 2. STREET ADDRESS: 4030 EDGEWOOD DR. 3. CITY: COCONUT CREEK FL 33066	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME: SD HUGHES, KETHY 5. STREET ADDRESS: 4110 CRAWFORD AVE. 6. CITY: MIAMI FL 33066		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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14. I, Lisa Simone Casamayouret, certify that the information supplied with this filing is substantially true and correct and that my signature shall have the same legal effect as if made under oath. I am personally or directly or indirectly the owner or person empowered to execute this report as required by Chapter 198, Florida Statutes, and that my name appears on these Florida Statutes.

SIGNATURE: Lisa Simone Casamayouret 05/4/95 (305) 977-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR