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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038167 (1)

SHERYL C. CHORVAT INSURANCE, INC.

FILED Mar 11 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing	Address					1 1001/001 (10 12120 (6))) 001() 01()) 1	1971 99199 1119		# #	
5965 RED BI	AG LAKE RD		RED BUG LAKE RO),								
STE 223 WINTER SPRINGS FL 32708 US STE 223 WINTER SPRINGS FL 32708 US US							DO NOT WRIT	E IN THIS S	PACE			
		. ••	JO			3. Date Incorporated or Qualified				_		
							[05/24/1993				_[_
2. Principal P	lace of Business	2a. Ma	iling Address					4. FEI Number			Applied For	
21		26						59-3182681			Not Applicable	le
Suite, Apt.		27	te, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required	
City & Stat	e	City	y & State					6. Election Campaign Financing	_		0 May Be	
23		26						Trust Fund Contribution	<u> </u>		ed to Fees	_
Zip	Country	Zip		_	intry			8. This corporation owes or has p				
24	25] 9. Name and Address of Current	29 Registere	d Agent	30				Personal Property Tax due Jun Name and Address of New R		Yes	∐ No	
		negistera	u Agent	~	81	Name		IU. Hame the Modes of New H	ofisiolen v	gont		\dashv
	iorvat, sheryl c 85 red bug lake RD											
_	E 223				82	Street	Address	(P.O. Box Number is Not Accepta	ible)			
	NTER SPRINGS FL 32708				83							\dashv
***	AIRL OF HILLOO I E OFLOD				B4	Oite				7007 7	in Costs	_
					64	City			FL	85 Z	ip Code	l
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. S	luch change was a	uthorize	d by	the corr	corpore poration	ation submits this statement for the s board of directors. I hereby acce	purpose of ept the appo	changin intment	g its registered as registered	3
SIGNATURE												
	Signature, typed or profed name of registered agent				d Agei	nutangia tr	required v	then reinstating)	DATE	DIDEAT	000 01 40	-16
12.	OFFICERS AND	DIRECTOR	DELETE	13.	TI F		•	ADDITIONS/CHANGES TO OFFI		Chang		10/01/20
NAME	CHORVAT, SHERYL C.		C percie	- 1			Data	A D CHARMAT			ic M vanitio	
STREET ADDRESS	5965 RED BUG LAKE RD, STE 223			1.2 NAME RO			U D. CHORVAT 5 Red Bub LAKE.R	d #32	3.3		\g	
	WINTER SPRINGS FL	. 220				AUUNESS	3 70	17.00 SQL 10.00 71	2370	8		R2E034
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NAME				2.2 N			/ MAT	e: This information Last years Report	4100			" ⁻
STREET ADDRESS						2.3 STREET ADDRESS		2.00	+ 100			
CITY-ST-ZIP					ITY-S	I - 71P	, 0,	LAST YELLS PEPER				
TITLE			DELETE	3 1 TI		1 4"			<u> </u>	Chang	e Addition	n
NAME				3.2 N	AME							
STREET ADDRESS				3.3 \$	REET	ADDRESS	ļ					- [
CITY-ST-ZIP				B.	ITY - S							
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NAME				4. 2 N	AME							
STREET ADDRESS				4 3 S	REET	ADDRESS						
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP	l					- 1
TITLE			DELETE	5.1 TI	TLE					Chang	e 🔲 Additio	n
NAME				5.2 N	\ME							
STREET ADDRESS				5.3 ST	REET A	ADDRESS						
CITY-ST-ZIP				5.4 CI	1y-\$1	- ZIP						
TITLE			DELETE	6.1 Ti	TLE]			Chang	e Addition	U
NAME				6.2 N	ME							
STREET ADDRESS				6351	HEET A	ADDRESS						
CITY-ST-ZIP				6.4 C				····				╛
14. I hereby c	ertify that the information supplied with	h this filing	does not qualify fo	r the exe	mpl	on state	d in Se	tion 119.07(3)(i), Florida Statutes.	I further cer	ify that t	he information	īΠ

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. 2/1./00 0/7/0/1/23