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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000050825**

PF INSURANCE & FINANCIAL SERVICES, INC.

Principal Place	of Business	Mailing Address						
3333 W ATLANTIC BLVD 3333 W ATLANTIC BLVD							•	
SUITE 16	IC BLVD	SUITE 16	SUITE 16			DO MOT MODITO IN THIS SPACE		
POMPANO BEACH FL 33060		POMPANO BEACH FL 33060		DO NOT WRITE IN THIS SPACE				
OMPANO BEACH PL 33000					3. Date Incorporated or Qualifed			
				•	07/21/1993			
					4. FEI Number		Applied For	
2. Principal Pla	ace of Business	2a. Mailing Address					Not Applicable	
<u> </u>		26			65-0420563			
	4 -15	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
Suite, Apt. #	F, etc.	├ ──			5. Centicate of Status Desired	Fe Fe	e Required	
2		27		· -	Floring Compaign Financing	* \$5	.00 May Be	
City & State		City & State			6. Election Campaign Financing	W	ded to Fees	
-1		28			Trust Fund Contribution			
23	Country	Zip	Count	ry	8. This corporation owes the curre	ent year Intangible	<u>~ _ </u>	
Zip					Personal Property Tax.	₽⁄⁄res	□No	
24	25	20	<u> </u>		10. Name and Address of New R	egistered Agent		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of the			
			8	1 Name	,			
DUIT	LIPS, EDWARD W JR		L		(D.O. D., Nigebor in Not Accents	hie)		
3333 W ATLANTIC BLVD			8	2 Street Addre	Address (P.O. Box Number is Not Acceptable)			
3333	W ATTANLIC BLAD		<u> </u>	<u> </u>	1 19 4 19 7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SUIT	E 16		8	3		4 <u>21年</u>		
P∩M	PANO BEACH FL 33060		<u>_</u>			los	Zip Code	
I OW	AND BENOTITE GOODS		8	4 City		FL °°	£1p 0000	
							on its registered	
44 Dureuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statutes	, the abo	ve-named corp	oration submits this statement for the on's board of directors. I hereby accept	of the appointment	as registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized t	by the corporation	oration submits this statement for the on's board of directors. I hereby accep	it are obbarrance		
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Florid	sa Statuti	es.	•			
						DATE	·	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable, (NOTE: F	tegistered A	gent signature require	d when reinstating)		CTODE IN 12	
40	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	-t Addition	
12	T =	☐ DELETE	1.1 TITL	E	•	☐ Ch	ange [] Addition]	
TITLE	D	—	1.2 NAM	.				
NAME	PHILLIPS, EDWARD W							
STREET ADDRESS	384 NW 19 STREET		1.3 STR	EET ADDRESS				
	POMPANO BEACH FL 33060		1.4 CITY	'-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	2.1 TITL	F		□ Ch	ange	
TITLE	D			i			İ	
NAME.	PHILLIPS, MARY S		2.2 NAN	KE			,	
	AND AND AN ATREET		2.3 STR	EET ADDRESS				
STREET ADDRESS					,			
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6.4 CITY-ST-ZIP

SIGNATURE:

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.

FILED

Jan 27, 1999 8:00am

Secretary of State

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