

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052281 (1)

1. Corporation Name

A-ALL INSURANCE OF N.P.B., INC.

Principal Place of Business

715 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408

Mailing Address

715 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408



3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 787 NORTHLAKE BLVD

26 787 NORTHLAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NORTH Palm Beach

28 NORTH Palm Beach

Zip

Country

Zip

Country

24 33408

25 Palm Beach

29 33408

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBB, II T D.
715 NORTH LAKE BLVD.
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GIBB, THOMAS D III
STREET ADDRESS 715 NORTHLAKE BLVD.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 407 844 2255
Date Daytime Phone