

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073450 (7)**

1. Corporation Name

**PAUL ROCA INSURANCE AGENCY INC.**



Principal Place of Business

**4469 S CONGRESS AVE  
SUITE 120  
LAKE WORTH FL 33461**

Mailing Address

**4469 S CONGRESS AVE  
SUITE 120  
LAKE WORTH FL 33461**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**ROCA, PAUL  
4469 S CONGRESS AVE  
SUITE 120  
LAKE WORTH FL 33461**

3. Date Incorporated or Qualified  
**10/22/1993**

3a. Date of Last Report  
**01/20/1995**

4. FEI Number  
**65-0448960**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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 607.1504, 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 type:  Print  Handwritten

Signature type:  Print  Handwritten

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D**  DELETE  
NAME: **ROCA, PAUL**  
STREET ADDRESS: **4469 S CONGRESS AVE SUITE 120**  
CITY-ST-ZIP: **LAKE WORTH FL 33461**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
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TITLE:  DELETE  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:  Change  Addition

15 TITLE:  Change  Addition  
16 NAME:  
17 STREET ADDRESS:  
18 CITY-ST-ZIP:

19 TITLE:  Change  Addition  
20 NAME:  
21 STREET ADDRESS:  
22 CITY-ST-ZIP:

23 TITLE:  Change  Addition  
24 NAME:  
25 STREET ADDRESS:  
26 CITY-ST-ZIP:

27 TITLE:  Change  Addition  
28 NAME:  
29 STREET ADDRESS:  
30 CITY-ST-ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

**000001751906  
-03/21/96--01014--004  
\*\*\*200.00**

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 199.07(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 changes, or on an attachment with an address.

SIGNATURE:

*Paul Roca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 434-1922

CR2E034 (12/95)