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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000000288 (8)  
1. Corporation Name  
WESTON-BONAVENTURE INSURANCE & AUTO TAG, INC.



Principal Place of Business Mailing Address  
15804 STATE ROAD 84 15804 STATE ROAD 84  
SUNRISE FL 33326 SUNRISE FL 33326-1233  
US US

3. Date Incorporated or Qualified 01/03/1994 3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0468158 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

PILKEY, JAMES C  
1800 SE THIRD AVE  
SUITE 8  
FT LAUDERDALE FL 33316-2877

10. Name and Address of New Registered Agent

81 Name Edward Lawson  
82 Street Address (P.O. Box Number is Not Acceptable) 12731 NW 1st  
83  
84 City Plantation FL 85 Zip Code 33325

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

Edward Lawson

1/24/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	LAWSON, EDWARD	
STREET ADDRESS	8310 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Treasurer	Change	Addition
1.2 NAME	Edward Lawson		
1.3 STREET ADDRESS	12731 NW 1st		
1.4 CITY-ST-ZIP	Plantation, FL 33325		
2.1 TITLE	Director/President	Change	Addition
2.2 NAME	Martin Kramer		
2.3 STREET ADDRESS	715 SW 158th Terr.		
2.4 CITY-ST-ZIP	Sunrise FL 33326		
3.1 TITLE	Director/Secretary	Change	Addition
3.2 NAME	Michele Lawson		
3.3 STREET ADDRESS	12731 NW 1st		
3.4 CITY-ST-ZIP	Plantation, FL 33325		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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

SIGNATURE: Michele Lawson Michele Lawson 1/27/97 954-389-0282

CR2E034 (9/96)