

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

15904 STATE ROAD 84  
SUNRISE FL 33326  
US

Mailing Address

15904 STATE ROAD 84  
SUNRISE FL 33326  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0468158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2107 South Andrews Ave

Suite, Apt. #, etc.

27 City & State

28 Ft Lauderdale, FL

29 Zip Country

30 33316 US

9. Name and Address of Current Registered Agent

LAWSON, EDWARD  
12731 NW 1ST ST  
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name

Sandler, Robert A.

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

2107 South Andrews Ave

83

84 City

Ft Lauderdale

FL

85 Zip Code

33316

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

3/31/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LAWSON, EDWARD  
STREET ADDRESS 12731 NW 1ST ST  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ DELETE

NAME KRAMER, MARTIN  
STREET ADDRESS 715 SW 158TH TERR.  
CITY-ST-ZIP SUNRISE FL 33328

TITLE ☐ DELETE

NAME LAWSON, MICHELE  
STREET ADDRESS 12731 NW 1ST  
CITY-ST-ZIP PALNTATION FL 33325

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

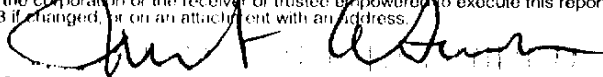
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:



3/31/98

CR2E034 (10/97)

**WESTON-BONAVENTURE INSURANCE AND AUTO TAGS, INC.**  
**DOCUMENT #P94000000288**  
**ATTACHMENT**

**Officers & Directors**

- |     |                                                                            |    |
|-----|----------------------------------------------------------------------------|----|
| 1.  | Lawson, Michele V.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | PD |
| (2) | Sandler, Robert A.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | SD |
| 3.  | Lawson, Edward J.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | TD |
| 4.  | Raymond, Ronald A.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316 | D  |
| 5.  | Kramer, Bruce H.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316   | D  |
| 6.  | Leonard, Carla L.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | D  |
| 7.  | Simberg, Bruce F.<br>2107 South Andrews Avenue<br>Ft Lauderdale, FL 33316  | D  |