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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400002655 (6)

Corporation ESTRAD Principal Place	A INSUR	ANCE MARKETI	NG, INC	ress								
8525 WEST MC TAMARAC FL 3	CNAB ROAD	•	8783 N.W. 61	8783 N.W. 61ST ST Tamarac Fl 33321-9769								
								3. Date incorporated 01/03/1994	or Qualified		te of Last Re 01/1996	eport
2. Principal Pi	lace of Busin	0055	<u>├</u> ¬ ~	28. Mailing Address				4. FEI Number	*****	., 1	Ap	plied For
Suite, Apt	# ole		[26] Suite An	Suite, Apt. #, etc.				65-0459635		······································	\$8.75 A	t Applicable
22	n, 605.		<u> </u>	27				5. Certificate of Status	Desired		Fee Re	
City & State	e			City & State				6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees				
<i>Ζ</i> ιρ	Country		<u> </u>	<u>⊢</u> ¬ ' ⊢¬		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Current			29 30 30 tegistered Agent			Florida Statutes 10. Name and Address of					
EST	RADA, WIL					31 1	Name					
2565	5 N.W. 49T G. 8-206						Street Addre	ss (P.O. Box Number is I	Not Accepts	ceptable)		
	O. 8-200 Derdale 1		63				\			***************************************		
					[34 (City	· · · · · · · · · · · · · · · · · · ·	.,		85 Zip (Code
		607	2500 - 1007 1500 F	(200)						FL	1 1	
office or n agent. La	io the provis egisterod ag m familiar wi	ions of Sections 607.6 jent, or both, in the St ith, and accept the ob	ate of Florida. Such c algations of, Section (hange was a 507.0505, Fic	es, the abo authorized orida Statu	by th tes.	ne corporatio	oration submits this stater on's board of directors. I	hereby acce	purpose or ept the app	ointment as	registered
SIGNATURE	7							d when reinstating)		DATE		
12.	alginitate, typed	or printed harrie of registered OF FICERS	AND DIRECTORS	(NOTE	13.	Afferit 8	e di isini e tedonec	ADDITIONS/CHANG	ES TO OFFI		DIRECTOR	S IN 12
TITLE	۷P			DELETE	1.1 1111	Ę				·	Change	☐ Addition
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STREET ADDRESS				131			DRESS) j
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STREET ADORESS City - St - 7ip	TAMARA			2.3			DRESS					ì
1(I.f	11070401			DELETÉ			ZIF				Change	Addition
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C11Y - S1 - 7IP		· · · · · · · · · · · · · · · · · · ·			4.4 CITY		ZIP					
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STREET ADORESS					5.3 STR							
CHTY-S1-71:				DELETE	5.4 CITY		ZIP				☐ Change	Addition
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STREET ADDRESS					6.2 NAM 6.3 STR		nnpree					1
OTHER PROPESS						LET AU						

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 inclicated 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHAPTER STATES OF STORING OFFICER OF DIRECTOR

4-1-97

(954)724-8199

FILED

Apr 07 1997 8:00am

Secretary of State

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