

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 # **P94000056316 (0)**

1. Corporation Name

E.M.C. INSURANCE OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

2669 FOREST HILL BLVD.

#221

WEST PALM BEACH FL 33406

2669 FOREST HILL BLVD.

#221

WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 3003 So. Congress Ave. #1D

Suite, Apt. #, etc.

22 Ste. 1D

City & State

23 Lake Worth, FL

Zip

24 33461

Country

25 P.B.

Suite, Apt. #, etc.

27 Ste. 1D

City & State

28 Lake Worth, FL

Zip

29 33461

Country

30 P.B.

4. FEI Number

65-0508998

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAUDIO, EMILY

2669 FOREST HILL BLVD.

#221

WEST PALM BEACH FL 33406

3003 So. Congress Ave.

Ste. 1D

Lake Worth, FL 33461

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

Emil Claudio

(If Officer or Registered Agent Signature Required When Registering)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CLAUDIO, EMILY**
STREET ADDRESS **2669 FOREST HILL BLVD., #221**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ DELETE

NAME **BRITO, CLAUDIO**
STREET ADDRESS **2669 FOREST HILL BLVD., #221**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ DELETE

NAME **HIDALGO, MIRIAM**
STREET ADDRESS **2669 FOREST HILL BLVD., #221**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

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 '92

1.1 TITLE ☐ Change ☒ Addition

NAME **DIVP**
STREET ADDRESS **Mirza E. Tamayo-Marrero**
CITY-ST-ZIP **3003 So. Congress Ave. #1D,
Lake Worth, FL 33461**

2.1 TITLE ☒ Change ☐ Addition

NAME **CLAUDIO, EMILY**
STREET ADDRESS **3003 So. Congress Ave #1D**
CITY-ST-ZIP **Lake Worth FL 33461**

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Emil Claudio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

407-434-3581

Daytime Phone #

CR2E034 (12/95)