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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056316 (0) E.M.C. INSURANCE OF THE PALM BEACHES, INC.

FILED	
Apr 24 1997 8:00am	l
Secretary of State	

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Principal Place		Mailing Address	4.15				
8003 80 CONG BUITE 1D	Bress ave	3003 SO CONGRESS / SUITE 1D	AVE				
LAKE WORTH F	FL 33461	LAKE WORTH FL 3346	1-2169				
US		US			3. Date Incorporated or Qualified 07/29/1994	3s. Date of La 04/23/19	
2. Principal Pir	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0508998		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	75 Additional e Required
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i	·· 	
24	25	29	30] Yes 🔲 No	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
CLA	UDIO, EMILY		ĺ	81 Name			
	SO CONGRESS AVE SUITE	: 1D		82 Street Add	ress (P.O. Box Number is Not Acceptab	ua)	
#221		·		SHEEL AGG	ress (F.O. DOX NUMBER IS NOT ACCEPTED	ne)	
	E Worth FL 33461		h	83			
. 5010						· · · · · · · · · · · · · · · · · · ·	
				84 City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607,1508. Florida Sta	atutes the ab	ove-named con	poration submits this statement for the p	uroose of changi	na its registered
office or at	egistered agent, or both, in the Si	tale of Florida. Such change w	as authorized	by the corpora	ition's board of directors. I hereby accep	ot the appointmen	t as registered
DILICE OF IE							
=	m familiar with, and accept the of	bligations of, Section 607.0505	, Florida Statu	utes.			
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NOTE: Fleg stered	Agent signature requi	ired when rainstating)	DATE	
SIGNATURE 12,	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable (NOTE: Fleg stered	Agent signature requi		DATE ERS AND DIREC	TORS IN 12
SIGNATURE 12,	Signature, typed or printed name of registerics OFFICERS	d agent and title if applicable (NOTE: Fleg stered 13. 1,1 Till	Agent signature requi	ired when rainstating)	DATE	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registerics OFFICERS D CLAUDIO, EMILY	agent and tille if applicable (AND DIRECTORS DELETE	NOTE: Pieg stered 13. 1.1 Titl 1.2 NA	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registerics OFFICERS D CLAUDIO, EMILY 3003 SO CONGRESS AVE	agent and tille if applicable (AND DIRECTORS DELETE	NOTE: Fire stered 13. 1.1 THI 1.2 NAI 1.3 STE	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC	TORS IN 12
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registerics OFFICERS D CLAUDIO, EMILY 3003 SO CONGRESS AVE LAKE WORTH FL	agent and title if applicable (AND DIRECTORS DELETE SUITE 1D	NOTE: Flog stered 13. 1.1 TITL 1.2 NAI 1.3 STE 1.4 CIT	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC	TORS IN 12 nge
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registrates OFFICERS D CLAUDIO, EMILY 3003 SO CONGRESS AVE LAKE WORTH FL DVP	SUITE 1D	NOTE: Registered 13. 1.1 HH 1.2 NAI 1.3 STE 1.4 CIT 2.1 HH	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC	TORS IN 12 nge
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CLAUDIO, EMILY 3003 SO CONGRESS AVE LAKE WORTH FL DVP MIRZA E. TAMAYO-MARREI	SUITE 1D DELETE	NOTE: Registered 13. 1.1 IIII 1.2 NAI 1.3 STE 1.4 CIT 2.1 IIIII 2.2 NAI	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC	TORS IN 12 nge Addition
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SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDIO, EMILY 3003 SO CONGRESS AVE LAKE WORTH FL DVP MIRZA E. TAMAYO-MARREI	SUITE 1D DELETE CONSUMER OF THE PROPERTY OF	NOTE: Registered 13. 1.1 HIII 1.2 NAI 1.3 SIF 1.4 CIT 2.1 HIII 2.2 NAI 2.3 STF 2.4 CIT	Agent signature requi	ired when rainstating)	DATE ERS AND DIREC Cha	TORS IN 12 nge Addition nge Addition
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Information indicated on rins annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or 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.

561 1434-3581