

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

FILED  
Apr 28 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 # P94000056316 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

3003 SO CONGRESS AVE  
SUITE 1D  
LAKE WORTH FL 33461  
US

3003 SO CONGRESS AVE  
SUITE 1D  
LAKE WORTH FL 33461  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 4118 10th Avenue N.

26 4118 10th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake Worth, FL

28 Lake Worth, FL

Zip

Country

Zip

Country

24 33461

25 USA

29 33461

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAUDIO, EMILY

~~3003 SO CONGRESS AVE SUITE 1D~~ 4118 10th Ave N.  
#221  
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

*Emily Claudio, President*

Signature, typed or printed name of registered agent and the appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CLAUDIO, EMILY  
STREET ADDRESS 3003 SO CONGRESS AVE SUITE 1D  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE Director, President ☒ Change ☐ Addition  
1.2 NAME Emily Claudio  
1.3 STREET ADDRESS 4118 10th Avenue N.  
1.4 CITY-ST-ZIP Lake Worth FL 33461

TITLE DVP ☐ DELETE  
NAME MIRZA E. TAMAYO-MARRERO  
STREET ADDRESS 3003 SO CONGRESS AVE SUITE 1D  
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE Director, V. Pres. ☒ Change ☐ Addition  
2.2 NAME Mirza E. Tamayo-Marrero  
2.3 STREET ADDRESS 4118 10th Avenue N.  
2.4 CITY-ST-ZIP Lake Worth, FL 33461

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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

*Emily Claudio*

4/17/98

CR2E034 (10/97)