

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90067 042 ***150.00

DOCUMENT # P94000056316

1. Corporation Name

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

Principal Place of Business

4118 10TH AVENUE N
LAKE WORTH FL 33461
US

Mailing Address

4118 10TH AVENUE N
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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1542 Roy Dr.

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL

Zip

24 33415

Country

25 P.B.

2a. Mailing Address

26 P.O. Box 21922

Suite, Apt. #, etc.

27 City & State

28 W. Palm Beach, FL

Zip

29 33416

Country

30 P.B.

9. Name and Address of Current Registered Agent

CLAUDIO, EMILY

4118 10TH AVE N

LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name

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

83 219 Lyman Place

84 City

W. Palm Beach

FL

85 Zip Code

33409

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS CLAUDIO, EMILY

CITY-ST-ZIP 4118 10TH AVENUE N

LAKE WORTH FL 33461

TITLE ☐ DELETE

NAME DVP

STREET ADDRESS TAMAYO-MARRERO, MIRZA E.

CITY-ST-ZIP 4118 10TH AVENUE N

LAKE WORTH FL 33461

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 219 Lyman Pl.

1.4 CITY-ST-ZIP W. Palm Beach, FL 33409

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1542 Roy Dr

2.4 CITY-ST-ZIP W. Palm Beach, FL 33415

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, with all other like empowered.

SIGNATURE: Mirza E. Tamayo-Marrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 561/434-3581

Date

Daytime Phone #

CR2E034 (1/98)