

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062831 (0)

1. Corporation Name

C&S INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

~~3014 S. DIXIE HWY
WEST PALM BEACH FL 33405
US~~

~~3014 S. DIXIE HWY
WEST PALM BEACH FL 33405
US~~

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 848 W. LANTANA RD.

26 848 W. LANTANA RD.

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 LANTANA FL.

28 LANTANA, FL.

Zip Country

Zip Country

24 33462

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29 33462

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RAMUNO, LORENZO
1884 N. UNIVERSITY DR
PLANTATION FL 33322~~

81 Name

PETER Iodice

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

848 W. LANTANA RD.

83

84 City

LANTANA

FL

85 Zip Code
33462

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 607.0502, Florida Statutes.

SIGNATURE

PETER Iodice

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when transferring)

8-5-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GATWOOD, ROBERT E.
STREET ADDRESS 3014 S. DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL

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PD
PETER Iodice
848 W LANTANA RD.
LANTANA, FL 33462

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

SIGNATURE:

PETER Iodice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

561-585-3166