

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000073236 (9)

1. Corporation Name
ROBERT NAVA INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

~~620 N. MAIN STREET
KISSIMMEE FL 34744
US~~

~~620 NORTH MAIN STREET
KISSIMMEE FL 34744-4900
US~~

3. Date Incorporated or Qualified **10/01/1994** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 **13730 BISCAYNE BLVD.**

26 **13730 BISCAYNE BLVD**

4. FEI Number **65-0541921** Applied For Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **N. Miami, FLA**

28 **N. Miami, FLA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip Country

Zip Country

24 **33181**

25 **USA**

29 **33181**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON FL 33431**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NAVA, ROBERT
STREET ADDRESS	920 N. MAIN STREET
CITY - ST - ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAVA, ROBERT
1.3 STREET ADDRESS	13730 BISCAYNE BLVD
1.4 CITY - ST - ZIP	N. Miami, FLA 33181
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **ROBERT NAVA** 4-22-7 305 945-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)