FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000079185 (2)
1. Corporation Name

PROTECTIVE FINANCIAL AND INSURANCE SERVICES OF FLORIDA, INC.

Maling Address



TAMARAC FL	AB RD SUITE 228 33321	8333 W MC NAB TAMARAC FL 333		;	Date incorporated or Qualified	3a. Date of Last Report
					10/27/1994	04/06/1995
, Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
,		26			65-0529369	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, et:	c. 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Соц 30	intry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ No
	9. Name and Address of Cur			·	10. Name and Address of New F	legistered Agent
		<u>.</u>		81 Name		
	BAUM, STEVEN			82 Street Addi	ress (P.O. Box Number is Not Acceptab	o)o)
	MC NAB RD SUITE 228			83		
IAMAKA	C FL 33321					85 Zip Code
				84 City		FL
familiar with GNATUBE	ed agent, or both, in the State of Fin, and accept the obligations of, S	500000 607.0300, Florida 318	ituters.	d Apert squature respons	ration submits this statement for the purific of directors. I hereby accept the approximation of the purific that the purific	DATE
2,		AND DIRECTORS	13.			ICERS AND DIRECTORS IN 12
LE	D	DELETE	11	TITLE		☐ Change ☐ Additio
ME	KIRSCHBAUM, STEVEN		121	NAME		
REET ADDRESS	8333 W MC NAB RD SU	ITE 228	135	STREET ADDRESS		
	-					
Y-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP		Chance Addition
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14. I do bereby certify that the information supplied with this filling is voluntarily furnished and tools not quarter and 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 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 certify that the information indicated on this annual report 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, changed, or of a liattachment with an address.

SIGNATURE

UN - STAXEN KIRSCHBAUM

4/24/96 (854) 724-8928

CR2E034 (12/95)