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Feb 04 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 # P94000079185 (2)

1. Corporation Name

PROTECTIVE FINANCIAL AND INSURANCE SERVICES OF F
LORIDA, INC.

Principal Place of Business

8333 W MC NAB RD SUITE 228
TAMARAC FL 33321

Mailing Address

8333 W MC NAB RD SUITE 228
TAMARAC FL 33321-3203



3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 1515 UNIVERSITY DR.

Suite, Apt. #, etc.

22 205-C

City & State

23 CORAL SPRINGS, FL.

Zip

24 33071

Country

25 U.S.A.

2a. Mailing Address

26 1515 UNIVERSITY DR.

Suite, Apt. #, etc.

27 205-C

City & State

28 CORAL SPRINGS FL.

Zip

29 33071

Country

30 U.S.A.

4. FEI Number

65-0529369

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KIRSCHBAUM, STEVEN
8333 W MC NAB RD SUITE 228
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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

Steven Kirschbaum
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME KIRSCHBAUM, STEVEN
STREET ADDRESS 8333 W MC NAB RD SUITE 228
CITY-ST-ZIP TAMARAC FL 33321

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME STEVEN KIRSCHBAUM
1.3 STREET ADDRESS 1515 UNIVERSITY DR. #205-C
1.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33071

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Steven Kirschbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-97

(954) 344-6010

CR2E034 (9/96)