

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087837 (8)

1. Corporation Name

NEWPOINT INSURANCE AGENCY, INC.



Principal Place of Business

C/O 801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address

C/O 801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
09/28/1995

4. FCI Number
59-3298475

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

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

Signature typed or printed name of registered agent or director, if applicable

DATE Registered Agent was authorized when recording

DATE

12. OFFICERS AND DIRECTORS

11	12	13
TITLE	DC	☐ DELETE
NAME	CROWE, KEVIN E	
STREET ADDRESS	825 THRID AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	P	☐ DELETE
NAME	CUNNINGHAM, GERALD G	
STREET ADDRESS	215 GATEWAY ROAD W.	
CITY-ST-ZIP	NAPA CA 94558	
TITLE	T	☐ DELETE
NAME	LANTHIER, ELIS M	
STREET ADDRESS	825 THRID AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SVP	☐ DELETE
NAME	ZYTHOWICZ, GREGORY G	
STREET ADDRESS	825 THRID AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
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

11	12	13
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/29/96

(707) 258-5000

Date

Phone Number

CR2E034 (12/95)