

FILED

Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90036 028 ***150.00

A0001923



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000087845

1. Entity Name

MORSTAN GENERAL AGENCY OF FLORIDA, INC.

Jan 09, 2001 8:00 am

Secretary of State

01-09-2001 90036 028 ***150.00

Principal Place of Business

Mailing Address

510 VONDERBERG DR.
SUITE 3007
BRANDON FL 33511
US

510 VONDERBERG DR.
SUITE 3007
BRANDON FL 33511
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3292503

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD, 485
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	GOLDFARB, ALAN S	STREET ADDRESS	1101 BRIAR PARK WAY	CITY-ST-ZIP	VALRICO FL 33594
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

Alan Goldfarb President

1/3/01

813-643-0702

09E024 (10/00)