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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000021827 (7)

1. Corporation Name

ALL PEOPLES INSURANCE CORPORATION



Principal Place of Business

Mailing Address

2429 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

2429 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1380 N.E. Miami Gardens Dr. 1380 N.E. Miami Gardens Dr. 65-0564421

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 240

27 Suite 240

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23 No. Miami Beach, FL

28 No. Miami Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33179

25 USA

29 33179

30 USA

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, THOMAS C
1399 SW FIRST AVENUE 4TH FLOOR
MIAMI FL 33130

81 Name

Carl Walker

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

1380 N.E. Miami Gardens Drive

83 Suite #

Suite # 240

84 City

No. Miami Beach, FL

85 Zip Code

33179

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
LOPEZ, VLADIMIR
2429 HOLLYWOOD BLVD.
HOLLYWOOD FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Lopez, Vladimir

1.3 STREET ADDRESS 1380 N.E. Miami Gardens Drive #240

1.4 CITY - ST - ZIP No. Miami Beach, FL 33179

TITLE ☐ DELETE

VD
WALKER, CARL
2429 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Walker, Carl

2.3 STREET ADDRESS 1380 N.E. Miami Gardens Drive #240

2.4 CITY - ST - ZIP No. Miami Beach, FL 33179

TITLE ☒ DELETE

SD
MESA, CARMELINA
2429 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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

[Signature]

3/31/98 (305) 900-0100

CR2E034 (10/97)