### SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## **PROFIT** CORPORATION **ANNUAL REPORT**

1998



### FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

# DOCUMENT # 1. Corporation Name P95000041351 (4) INSURANCE STOP OF PALM BEACH, INC.

Principal Place of Business		Mailing Address			âât (16an 1116) Bilat 1(6) 168)	
14560 S. MILITA	ary <b>tr</b> ail	14560 S. MILITARY TRAIL				
B-5 DELRAY BEACH FL \$3445		B-5 DELRAY BEACH FL 33445		DO NOT WRITE IN THIS :	RDACE	
DELINA DENOTI PL 40443		DELNAT DEMON PL 33493		3. Date Incorporated or Qualified		
				05/25/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0610766	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Collingate of Gallos Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country .	Zip 29	Country 30	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible       Yes	
24	9. Naple and Address of Curren		301	10. Name and Address of New Registered A		
95 Nome /						
14560 S. MILITARY TRAIL				HAISTOPHERTS TENEGUY		
B-5			62 Street Ag	ddress (P.O. Box Number is Not Acceptable)		
DELPAY BEACH-FL 33445			83	o o en en men	<del>- 1/ +</del>	
			84 City /		log   Zin Codo	
84  City ()4				KRAY Beach FL	100 3 300 45	
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	CHRISTUPPER T. PR	Nebry Thesingers		5 MY 6/5	0/57	
	Signature, typed or printed name of registered agen	t and little if applicable (NOT	E: Registered Agent signature r		200505000000000000000000000000000000000	
12.	OFFICERS AN		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND		
NAME	SISSOM, TROY B	LIDELETE	1.2 NAME			
STREET ADDRESS	1750 W. HILLSBOROUGH BLVI	1	1.3 STREET ADDRESS	14560 S. MILL TANY TORAIL	JU 13-5	
CITY-ST-ZIP	BEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	Delan Beach A	22445	
TITLE	S	DELETE	2.1 TITLE	January 15 co- 10	Change Addition	
NAME	PENEGULY, CHRISTOPHER T	- Deterie	2.2 NAME	,	Change Auditoli	
STREET ADDRESS	7222 CARMEL COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		-	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE	_	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u>:</u>		4.4 CITY-ST-ZIP		<del> </del>	
TITLE		DELETE	5.1 TITLE	L	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

**FILED** 

Jul 08 1998 8:00am

Secretary of State

\_\_\_ Change \_\_\_ Addition