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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500044200

1. Corporation Name

JUST INSURANCE AND TAGS, INC. IV

Principal Place	e of Business	Ma	iling Address								
530 N.E. 2ND STREET DELRAY BEACH FL 33483		530	530 N.E. 2ND STREET DELRAY BEACH FL 33483								
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						<u> </u>		DO NOT W			
							Date Incorporat	ed or-Qualife	ď		İ
							06/08/1995			1	
2. Principal Pl	lace of Business	2a.	Mailing Address				FEI Number			<u> </u>	pplied For
21			26				65-060443 2				ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certifcate of Sta	atus Desired			Additional
		27				3.	———————			Fee R	equired
City & State			City & State			6. 1	Election Campa	aign Financin	g 🕞	\$5.00	May Be
23		28				_	Trust Fund Cor	tribution		Added	to Fees
Zip	Country		Zip	Country	/	8.	This corporation	n owes the cu	ırrent year	Intangible	_
24	25	29	36]	Personal Prope	rty Tax.		Yes	□No
	9. Name and Address of Currer	nt Regis	tered Agent			10.	Name and Add	dress of Nev	Register	ed Agent	
				81	Name						
WAS	BERSTEIN, RICHARD			L.			O Day Number	r in Not Appo	ntable		
913 NORMANDY DRIVE				82	Street P	Address (P.	O. Box Number	I IS NOT ACCE	pravie)		
	MI BEACH FL 33141			83	 						
Wa u	M DENOTTIE GOTT										
				84	City			•	F	85 Zip	Code
44 Bureuppt	to the provisions of Sections 607.050	02 and 6	07 1508 Florida Statutes	the abov	re-named o	corporation	submits this st	atement for th	ne purpose	of changing it	s registered
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Floric	ia. Such change was autr	iorizea dy	rine corpo	oration's boa	ard of directors	. I hereby acc	ept the ap	pointment as r	egistered
SIGNATURE						_					
		1 1 494	- W 14 410TE D	-i-tornal Ana	nt connecture re-	equired when re	instation)		DATE		
	Signature, typed or printed name of registered age	ent and title	fapplicable (NOTE: Re	igistered Age	ill signatule to						222 11 12
12.	Signature, typed or printed name of registered age OFFICERS AN		CTORS	13.	TIL SIGNALUI 4 10	A	DDITIONS/CH				
	OFFICERS AN	ND DIRE	CTORS		nit signature re	A	DDITIONS/CH				
12.	OFFICERS AN	ND DIRE	CTORS	13.	nit signature re	A	DDITIONS/CH				
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12. TITLE NAME STREET ADDRESS	PVST YUGY MATISES, FRED YUGY 2041 W. OAKLAND PARK BLV	ND DIRE	CTORS	13. 1.1 BTLE 1.2 NAME	T ADDRESS	A	DDITIONS/CH				☐ Addition
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information into 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 efficiency or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in each ment with an address, with all other like empowered. 14. I hereby certify that the information sypplic indicated on this annual report or supplementation of director of the corporation or the Block 12 or Block 13 if changed, or on a second control of the corporation or the Block 12 or Block 13 if changed, or on a second control of the corporation of the corpora

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP