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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000044665 (4)

1. Corporation Name  
JUST INSURANCE AND TAGS, INC. III



Principal Place of Business  
1833 NORTH 66TH STREET AVENUE  
HOLLYWOOD FL 33024

Mailing Address  
1833 NORTH 66TH STREET  
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0605201-65-0604434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1833 N. 66TH AVENUE Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL. Zip 24 33024	2a. Mailing Address 26 2041 W. OAKLAND PARK BLVD. Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE, FL. Zip 29 33311
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9. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD  
913 NORMANDY DRIVE  
MIAMI BEACH FL 33141

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATISES, JACQUELINE	1.2 NAME	
STREET ADDRESS	% 1833 N. 66TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATISES, JACQUELINE	2.2 NAME	
STREET ADDRESS	% 1833 N. 66TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in the above information on an attachment with an address.

SIGNATURE

CR2E034 (9/96)