FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044665 (4)

JUST INSURANCE AND TAGS, INC. III

FILED May 15 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | E ARONARAK IKO BONDO OFISE OKIBE ONBEN I | BEIL ABILL SIAIS | DIEIR DIIID DI | |
|---|---------------------------------------|-------------------------|--------------------------------|-------------------|---|-------------------|----------------|-----------------------|
| 183 N. 66TH AVE. 2041 W. OAKLAND PARK BLVD HOLLYWOOD FL 33024 FT. LAUDERDALE FL 33311 US | | | | | DO NOT WRIT | E IN THIS S | PACE | |
| | | | | | Date Incorporated or Qualified 06/08/1995 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | Aj | pplied For |
| 21 | 26 | | | | 65-0604434 | | N | ot Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | • | Additional equired |
| City & State | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip Country | Zip | Country | | | 8. This corporation owes or has p | aid the curr | ent year In | tangible |
| 24 25 | 29 | 30 | | | Personal Property Tax due Jun | | |] No |
| 9. Name and Address of Current | Registered Agent | | it Nan | | 0. Name and Address of New R | egistered A | gent | |
| WASERSTEIN, RICHARD | | ° | Nan | 116 | | | | |
| 913 NORMANDY DRIVE MIAMI BEACH FL 33141 | | | | el Address | dress (P.O. Box Number is Not Acceptable) | | | |
| | | L | 3 | | | | | |
| | • | 8 | 4 City | 1 | | 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 profind name of registered ages 12. OF FICE RIS AND | | F Registered A | | sture required wi | hen re-nistating) ADDITIONS/CHANGES TO OFFI | DATE OF DC AND | DIDECTOR | 00 IN 10 |
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| NAME MATISES, JACQUELINE | M | 4 | 1.2 NAME | | ED MARGOLIS 883 NG6 AVENU OLLYWOOD, FL | _ , | A | 1.05.00 |
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| STREET ADDRESS | 4 | | ET ADDRES | <i>x</i> > | | | | |
| CITY-ST-ZIP 14. I hereby certify that the information supplies will | A littis filling does not qualify for | 6.4 City or the exem | | lated in Sec | tion 119.07(3)(i). Florida Statutes. | Lifuribor con | tify that the | information |

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further centry that the information had report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ent with an address indicated on this annual repo officer or director of the core Block 12 or Block 13 if change