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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P95000056917 (4)

ALL CITY BIRD ROAD INSURANCE, INC.

8475 SW 40 S MIAMI FL 3317	51 73	**************************************				
				3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report 05/01/1996	
<u></u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 2246 S.W.2	24 Terrace	ARRIXEDX ROPA 65-0	593399 Not Applicable	
Suite, Apt.	·	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Miami, FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	9, Name and Address of Current	29 33145 30)		Yes No	
740		Hegistered Agent	81 Name	10. Name and Address of New Reg	ilstered Agent	
LEM A-DI A-DI A-DI A-DI A-DI A-DI A-DI A-DI				Joanna Parker		
4 9485-SKINSET IDR			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
	A-280 , MIAMI FL 33173			2246 S. W. 24 Terrace		
j MIA	MI PL 331/3		83			
			84 City M:	iami	FL 85 Zip Code 33145	
SIGNATURE	am familiar with, and accept the obligation of	har	ionized by the corporalla Statules. egistered Agont signature requ		1/28/97 DATE	
12.	OFFICERS AND		19.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DP - DO ATTIVO LOCALIDO LID	X DELETE	1,5 THUE		Change Addition	
NAME	BOATWRIGHT, LEONARD JR		1.2 NAME			
STREET ADDRESS	15410 SW 84TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157		1.4 City-St-ZiP			
TITLE	D/P	☐ DELETE	2.1 TITLE		Change Addition	
NAME	E. W. Andich		2.2 NAME			
STREET ADDRESS	13325 S. W. 106	Ave.	2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33176		2.4 CITY-ST-ZIP		`\$	
TITLE	D/S/T	☐ DELETE	3.1 TITLE		Change Addition	
NAME	Joanna Parker		3.2 NAME			
STREET ADDRESS	2246 S. W. 24 Te	rrace	3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33145		3.4. C(1Y-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	•		
CITY-ST-ZIP		İ	4.4 C(1Y - S1 - Z(P			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	

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 if changed, or on an attachment with an address.

JANNA PARKER.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CHY-ST-7IP

5.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME

DELETE