## 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** # P95000067586 (4)

AMERICAN STANDARD PROPERTY AND CASUALTY INSURANC E AGENCY, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 14 1998 8:00am Secretary of State



	DIXIE HIGHWAY II REACH FL 33160	17088 WEST DIXIE HI NORTH MIAMI BEACH			DO NOT WRITE IN THI  3. Date Incorporated or Qualified  08/31/1995	S SPACE		
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	qqA	lied For	
21		26			65-0617483	<del></del>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	d S8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip 24	Country 25	7ip <b>29</b>	Count 30	ry 	8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No			
<u> </u>	9. Name and Address of Currer	nt Registered Agent		al	10. Name and Address of New Registere	d Agent		
	ARR, GLEN		8	1 Name				
17088 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160			8		Address (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City	F	85 Zip Co	ode	
11. Pursuant to office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig-	P and 607,1508, Florida Sta of Florida. Such change wa ations of, Section 607,0505,	tutes, the abo is authorized I Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its oppointment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ago		IOZC Desistered A		rred when reinstaling) DATE			
12.	OF FICERS AN		13.	geni signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12	
TITLE	DP	DELETE	1.1 TITLE	I			Addition	
NAME	STARR, GLEN		1.2 NAM	:		-		
STAEET ADDRESS	17088 WEST DIXIE HIGHWAY	<b>'</b>	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	160	1.4 CITY	· S1 · Z#P	·			
TITLE	DV	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	STARR, ANDREE		2.2 NAMI					
STREET ADDRESS	17088 WEST DIXIE HIGHWAY	1	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		2. 4 CITY	- S1 - ZIP	<u> </u>			
TITLE		☐ DELET <b>é</b>	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAMI				İ	
STREET ADDRESS			3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP		There exert	3.4 CITY					
TITLE		DELETE	4.1 TO LE			Change	Addition	
NAME			4. 2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition	
NAME		i week	5.2 NAMI	ľ		□ outdige	riddilloli	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY				1	
TITLE		DELETE	6.1 TITLE	JI-ZII		Change	Addition	
NAME			62 NAMI	.				
STREET ADDRESS				ET ADDRESS				
CiTY-ST-ZIP			64 CITY					

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 supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or hustee 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.