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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000067586

1. Corporation Name

AMERICAN STANDARD PROPERTY AND CASUALTY INSURANC E AGENCY, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90069 009 ***150.00



Principal Place	e of Business	Mailing Address								
17088 WEST DIXIE HIGHWAY 17088 WEST DIXIE HIGHWAY										
NORTH MIAMI	BEACH FL 33160	North Miami Bea	ORTH MIAMI BEACH FL 33160			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		7102		
			_			08/31/1995 4. FEI Number		$-\tau$	Applied Fo	_
2. Principal Pl	ace of Business	2a. Mailing Addres	s			· · · · · · · · · · · · · · · · · · ·		\mathbb{H}	Not Applic	
21		26				65-0617483		¢0.7	5 Addition	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	aı
City & State		City & State	City & State			6Election Campaign Financing		\$5.0	0 May Be	e
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Country			8. This corporation owes the current year	Intar	gjible			
24	25	29				Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed A	gent		
				81	Name					
STARR, GLEN				82	Stroot Ad	ddress (P.O. Box Number is Not Acceptable)				
1708	18 WEST DIXIE HIGHWAY		02			dress (F.O. Box Humber is Hot Acceptable)				i
NOR	ITH MIAMI BEACH FL 33160			83	*					
				84	City		:L	85 Z	ip Code	
		1 007 4500 Florida	Ct-tut-a the	-h	named oo	rporation submits this statement for the purpose		l L	its registe	red
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change	e was authorize	ea by	tne corpora	ation's board of directors. I hereby accept the ap	point	ment as	registered	t
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Registere	d Agen	t signature requ	ired when reinstating) DATE				-
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS	AND	DIREC		
TITLE	DP	☐ DEL	ETE 1.1 1	TITLE				Chan	ge □A	Addition '
NAME	STARR, GLEN		1.21	MAME						
STREET ADDRESS	17088 WEST DIXIE HIGHWAY		1.3 5	STREET	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	iO	140	CITY-S	r-ZIP					1
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NAME	STARR, ANDREE		221	VAME						Ì
	17088 WEST DIXIE HIGHWAY				ADDRESS					
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NAME				NAME						
STREET ADDRESS			I		ADDRESS					ļ
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TITLE		☐ DEI		TITLE	Ì			Chan	ge ∐A	Addition
NAME			6.2	NAME						- 1
					I					
STREET ADDRESS			6.3	STREE	T ADDRESS					

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR