

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089476 (2)

1. Corporation Name

INSURANCE MALL OF VENICE, INC.

WEST PALM BEACH II, Inc



Principal Place of Business

1091 N MILITARY TRAIL
1015 S. CONGRESS AVE.
WEST PALM BEACH FL 33406-
33409

Mailing Address

1015 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

2. Principal Place of Business

2a. Mailing Address

21 1091 N MILITARY TRAIL

26 325 N Military Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 WEST PALM BEACH FL

28 Boynton Beach FL

Zip

Country

Zip

Country

24 33409

25 USA

29 33435

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

4. FEI Number

65-0618770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MCVEIGH, PAMELA
1015 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

81

Name

McVEIGH, PAMELA

82

Street Address (P.O. Box Number is Not Acceptable)

325 N. Federal Hwy

83

84

City

BOYNTON BEACH

FL

85 Zip Code

33435

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

Pamela McVeigh 3/28/96

Signature typed or printed name of registered agent or director (Signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME D MCVEIGH, PAMELA
STREET ADDRESS 1015 S. CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D S
STREET ADDRESS 325 N Federal Hwy
CITY-ST-ZIP Boynton Beach, FL 33435

2.1 TITLE ☐ Change ☒ Addition

NAME D, President
STREET ADDRESS Watson, Charles S.
CITY-ST-ZIP 6205 SE Ironwood Circle
Stuart, FL 34997

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela McVeigh 3/28/96

(407) 732-7702

DATE

Display Phone #

CR2E034 (12/95)