

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000089495 (2)**

1. Corporation Name

**INSURANCE MALL OF SARASOTA, INC.  
LAKE WORTH, INC.**



Principal Place of Business

**1015 S. CONGRESS AVE.  
WEST PALM BEACH FL 33406**

Mailing Address

**1015 S. CONGRESS AVE.  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

21 **932 N. Dixie Hwy**  
Suite, Apt. #, etc.

22 **LAKE WORTH FL**  
City & State

23 **33460 USA**  
Zip Country

2a. Mailing Address

26 **325 N. Federal Hwy**  
Suite, Apt. #, etc.

27 **Boynton Beach FL**  
City & State

28 **33435 USA**  
Zip Country

3. Date Incorporated or Qualified  
**11/22/1995**

3a. Date of Last Report

4. FEI Number

**65-0618830**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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*  
Signature, typed and printed name of registered agent, and fee paid herein

(NOTE: Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MCVEIGH, PAMELA	1015 S. CONGRESS AVE.	WEST PALM BEACH FL 33406	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5 DELETE
D, S.		325 N Federal Hwy	Boynton Beach, FL 33435	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

*Pamela McVeigh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 732-7702  
Daytime Phone #

CR2E034 (12/95)