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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000736 (4)

1. Corporation Name

ECONO INSURANCE OF SOUTH FLORIDA, INC.



Principal Place of Business

400 S. DIXIE HIGHWAY  
SUITE 324  
BOCA RATON FL 33432

Mailing Address

400 S. DIXIE HIGHWAY  
SUITE 324  
BOCA RATON FL 33432-80233. Date Incorporated or Qualified  
01/03/19963a. Date of Last Report  
N/A

2. Principal Place of Business

21 706 W. Boynton Beach,  
Suite, Apt. #, etc. Blvd.

2a. Mailing Address

26 706 W. Boynton Beach  
Suite, Apt. #, etc. Blvd.

4. FEI Number

65-0628703

Applied For

Not Applicable

City &amp; State

23 Boynton Beach, FL

City &amp; State

28 Boynton Beach, FL

5. Certificate of Status Desired

8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution5.00 May Be  
Added to Fees

Zip

24 33426

Country

25 Palm Beach

Zip

29 33426

Country

30 Palm Beach

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-252581 Name  
Thomas A. Barba III82 Street Address (P.O. Box Number is Not Acceptable)  
706 W. Boynton Beach Blvd.

83

84 City  
Boynton Beach, FL 85 Zip Code  
33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME BARBA, THOMAS A III  
STREET ADDRESS 400 S. DIXIE HIGHWAY, SUITE 324  
CITY-ST-ZIP BOCA RATON FL 334321.1 TITLE PSTD (Address Change) ☐ Addition  
1.2 NAME BARBA, THOMAS A. III  
1.3 STREET ADDRESS 706 W. Boynton Beach Blv.  
1.4 CITY-ST-ZIP Boynton Beach, FL 33426TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. BARBA III, Pres.

February 10, 1997 (561) 736-7775

Date

Daytime Phone #

CR2E034 (9/96)