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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000026091

1. Corporation Name

CORAL INSURANCE CONSULTANTS, INC.

Principal Place of Business / Mailing Address

7770 WEST OAKLAND PARK
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-26-96

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25: U.S.

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0832627 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORENCE SANTUCCIO
7770 WEST OAKLAND PARK
SUNRISE, FL 33351

10. Name and Address of New Registered Agent

81 Name: FLORENCE SANTUCCIO
82 Street Address (P.O. Box Number is Not Acceptable): 7770 WEST OAKLAND PARK
83:
84 City: SUNRISE FL 85 Zip Code: 33351

11. Pursuant to the provisions of Section 607.0505 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: Florence Santuccio (Signature of Officer or Director Required When Changing) DATE: 6/8/98

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	FLORENCE SANTUCCIO	
STREET ADDRESS	7770 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE	000002560680	
6.2 NAME	-06/16/98--01053--014	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

6/9/12

CR2E034 (10/97)

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 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 added to the report with an address.

SIGNATURE: Florence Santuccio FLORENCE SANTUCCIO 3/6/98 (954)747-6920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #