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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000054560 (3)

INSURANCE AGENCY OF DELTONA, INC.

## FILED Apr 10 1997 8:00am Secretary of State



2742 ELKCAM								
2742 ELKCAM BLVD. DELTONA EL 32725			830 N.W. 13TH STREET, SUITE B GAINESVILLE FL 32801-2803					
					3. Date incorporated or Qualified	3a. Da	e of Las	Report
9 Prinvinal Pl	ace of Business	2a. Mailing Address			06/21/1996 4. FEI Number		<del></del>	Applied For
	S. U.S. HWY. 17-9				59 3385 063		<b></b>	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.					<del></del>	Additional
22		27			5. Certificate of Status Desired			Required
City & State	9	City & State			6. Election Campaign Financing		\$5.0	O May Be
23 DE	BARY PL.	28			Trust Fund Contribution		-	d to Fees
Zip	Country	Zip	Country	У	8. This corporation has liability for	intangible i	ax unde	rs. 199.032,
24 32713 25 USA		29	30				es 🗌 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	<del></del>
HAZ	Y, VICTOR JR.		61	Name				
830 N.W. 13TH STREET, <del>SUITE B</del> Gainesville FL 32601			62	62 Street Address (P.O. Box Number is Not Acceptate		ole)		
			83					
			84	City		FL	85 Z	p Code
010111111111111111111111111111111111111		genoris or, occinent cor. cooc.	FIDITUA SIATUTE	18.	ation's board of directors. I hereby accept			
	Signature typed by proved can entropy, letted as	gent and jille if applicable. (7	NOTE Registered Ag		juired when reinstating)	DATE		
12.	OFFICERS AN	gent and life if approable. (F	NOTE Registered Ag			DATE	DIRECT	ORS IN 12
<b>12.</b> ՈՄ F	OFFICERS AN	gent and jile 1 approable. (f ND DIRECTORS	NOTE Registered Ag  13.  1.1 TITLE	pent signature requ	juired when reinstating)	DATE		ORS IN 12
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I do heretry 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 true 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: