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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -8 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060897 (1)

1. Corporation Name

A TO Z INSURANCE AGENCY, INC.



Principal Place of Business

10700 N.W. 5TH STREET
PLANTATION FL 33324

Mailing Address

10700 N.W. 5TH STREET
PLANTATION FL 33324-1517

3. Date Incorporated or Qualified
07/22/1996

3a. Date of Last Report
NONE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
65-0684557

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

FARBMAN, STEVEN S
1011 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Gary Schall
82 Street Address (P.O. Box Number is Not Acceptable)
A to Z Insurance Agency, Inc.
83 5220 S. State Road 7
84 City Ft. Lauderdale FL 85 Zip Code 33314

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

07/01/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FARBMAN, ALAN
STREET ADDRESS 10700 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ DELETE
NAME SCHALL, GARY
STREET ADDRESS 3520 OAK WAY, #109
CITY-ST-ZIP POMPANO BEACH FL 33069

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 ☐ 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 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

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

07/01/97 (954) 317-9220

CR2E034 (9/96)

2

A to Z Insurance Agency, Inc.

5220 South State Road 7, Fort Lauderdale, Florida 33024

Telephone: (954) 327-9030 ☎ FAX: (954) 327-1410

E-Mail: AtoZAgency@juno.com

July 1, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Please find enclosed my Annual Report and a check in the sum of \$165.00.

Would you please waive the late fee. I was just incorporated in July of 1996 and just started in business in February of 1997. My Federal and State mail sent to the incorporation address just caught up with me.

The main reason I need the waiver is that I cannot afford it. I will make sure it doesn't happen again.

My correct address is on the application.

Thanks for your consideration in this matter

Sincerely,


Gary Schall

