

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90075 020 ***150.00

DOCUMENT # P96000064974

1. Corporation Name
FRANCIS SEARING AGENCY, INC.



Principal Place of Business
515 N. FLAGLER DR
STE 300 P
WEST PALM BEACH FL 33401
US

Mailing Address
515 N. FLAGLER DR.
300 P
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 636 US HIGHWAY ONE
Suite, Apt. #, etc.
22 STE 106
City & State
23 NORTH PALM BEACH, FL
Zip 33408 Country
24 33408 25 USA

2a. Mailing Address
26 636 US HIGHWAY ONE
Suite, Apt. #, etc.
27 STE 106
City & State
28 NORTH PALM BEACH, FL
Zip 33408 Country
29 33408 30 USA

3. Date Incorporated or Qualified
08/02/1996

4. FEI Number
65-0693610

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEARING, FRANCIS
515 N. FLAGLER DR.
SUITE 300-P
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 636 US HIGHWAY ONE
84 STE 106
85 City NORTH PALM BEACH FL Zip Code 33408

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SEARING, FRANCIS	515 N. FLAGLER DR. STE 300-P	WEST PALM BEACH FL	<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	Change	Addition
		636 US HIGHWAY ONE, STE. 106	NORTH PALM BEACH, FL 33408	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE: Francis Searing Francis Searing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

Daytime Phone #

CR2E034 (11/98)

0321790