

4-23-97 B- 5251 -C
LOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073020 (5)

1. Corporation Name

PHOENIX OF FLORIDA INSURANCE OF LAKE WORTH, INC.



Principal Place of Business

3850 LAKE WORTH ROAD
#5
LAKE WORTH FL 33461

Mailing Address

3850 LAKE WORTH ROAD
#5
LAKE WORTH FL 33461-4053

3. Date Incorporated or Qualified
08/29/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0691675

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

GRAHAM, MICHAEL
5700 LAKE WORTH ROAD
SUITE 208
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

DOLORES SPECIALE

82 Street Address (P.O. Box Number is Not Acceptable)

12680 WHITE CORAL DR.

83

84 City

WELLINGTON

FL

85 Zip Code

33414

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SPECIALE, DOLORES
STREET ADDRESS 3850 LAKE WORTH RD, #5
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE VD ☐ DELETE

NAME SPECIALE, JOSEPH
STREET ADDRESS 3850 LAKE WORTH RD, #5
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE SD ☐ DELETE

NAME TAPIA, MICHELE
STREET ADDRESS 3850 LAKE WORTH RD, #5
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE TD ☐ DELETE

NAME TAPIA, PETER
STREET ADDRESS 3850 LAKE WORTH RD, #5
CITY-ST-ZIP LAKE WORTH FL 33461

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.

CR2E034 (9/96)

4-16-97 561-641-5311