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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080663 (3)

JUST I	NSURANCE AND TAGS V	'II, INC.							
Principal Plac	e of Business	Mailing Address				1 000110011 110 1011 0 1 01111 301 11 60111 60111	ia ia i canta de la del	ir f ir il 1641 186 1	
534 W. SAMPLE RD 2041 W. OAKLAND PK BL POMPANO BEACH FL 33064 FORT LAUDERDALE FL 33									
US		US				DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 09/30/1996 			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-06997 30		Not Applicable	
Sulte, Apt.	#, etc	Suite, Apr. #, etc.				5. Certificate of Status Desired		75 Additional	
22		27					Fe	e Required	
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid			
24	25	29	30	,		Personal Property Tax due June 30		□ No	
	9. Name and Address of Cure	ent Registered Agent		81 Name	1	0. Name and Address of New Regis	tered Agent		
WASERSTEIN, RICHARD				oi Name					
913 NORMANDY DRIVE				82 Street	Address	ress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33141				83					
				03					
				84 City			FL 85	Zip Code	
office or i agent. I a SIGNATURE	to the provisions of sections 607.2 egistered agent, or both, in the Stam familiar with, and accept the ob-		was authorized 05, Florida Stat	_		tion submits this statement for the purps board of directors. I hereby accept the tension	nose of changil	ng its registered t as registered	
12.		ND DIRECTORS .	13.	PUS	7	ADDITIONS/CHANGES TO CSEICER	S AND DIRECT	TORS IN 12	
TITLE	PVST	DELET	E 1.1 10	TLE	FR	ED MARCOLIS 194 W. SAMPLE K MPANOBOL, FLB	Char	nge Addition	
NAME	Margolis, Fred	•	1.2 N/	ME	% 1	194 W. Sample K	d		
STREET ADDRESS	2925 WEST SUNRISE BLV		1.3 ST	REET ADDRESS	Por	NOANO BOL ELA	86411		
CITY-ST-ZIP	FORT LAUDERDALE FL 33			TY-ST-ZIP	ron	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE	D	DELET	E 21 TI	TLE]		Char	nge 🔲 Addition	
NAME	MARGOLIS, FRED		2 2 N/	ME					
STREET ADDRESS	2925 WEST SUNRISE BLVI		23 \$1	AFET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33			ITY-ST-ZIP	<u> </u>				
TITLE		[]] DELET		_			L Char	nge [] Addition	
NAME			3.2 N						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELET		ITY-\$1-ZIP	 		Char	nge Addition	
NAME		ن مدردا	4.1 H				□ Criar	iðe 🗀 vanitlöti	
STREET ADDRESS				ami Reet address					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE	· 	DELET			 		Char	nge Addition	
NAME		the second	5.2 N/				· · · ·		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP	1				

CITY-SI-ZIP

14. I hereby certify that the information empelied with this filling 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 adjust 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 if the report 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 or play frequency with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

112000

FILED

May 15 1998 8:00am

Secretary of State

100 0/0

Change

___ Addition