

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009627 (5)

1. Corporation Name

CUSTOM INSURANCE OF FLORIDA, INC.

Principal Place of Business

4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

Mailing Address

4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number
650742912

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 333 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.
22 323

City & State
23 VENICE, FLORIDA

Zip
24 34285

Country
25 SARASOTA

2a. Mailing Address
26 6575 PEACHTREE IND. BLVD.

Suite, Apt. #, etc.
27 200

City & State
28 NORCROSS, GEORGIA

Zip
29 30092

Country
30 GWINNETT

9. Name and Address of Current Registered Agent

SCHWARTZ, ANDREW M ESQUIRE
1701 WEST HILLSBORO BLVD., SUITE 308
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
MANN, LEWIS F JR.
4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MANN, LEWIS F JR.
4400 NORTH FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
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CITY - ST - ZIP
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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

Jim F Mann President

4/14/98 (770) 453-9811

CR2E034 (10/97)