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

CORPORATION

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 27 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000012720 (3)

PELLERIN INSURANCE AGENCY, INC.									
Principal Place of Business Mailing Address									
11395 AA W. PALMETTO PARK ROAD 11395 AA W. PALMETTO PARK ROAD									
BOCA RATON FL 33428 BOCA RATON FL 33428									DO NOT WRITE IN THIS SPACE
								7	3. Date Incorporated or Qualified
									02/07/1997
2. Principal Place of Business			2a.	2a. Mailing Address					4. FEI Number Applied For Not Applied For Not Applied For
21			26						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			27	City & State					4
23			28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip				Zip Country			,		8. This corporation owes or has paid the current year intangible
24		25	29	,	30	30			Personal Property Tax due June 30. 🔀 Yes 🗌 No
	9. Name	and Address of Curre	nt Regis	tered Agent				1	10. Name and Address of New Registered Agent
RO	SENTHAL.	ALEX P ESQ.				81	Name		
		TT GRAVANTE MARI	KEL			82	Street A	Address	s (P.O. Box Number is Not Acceptable)
		ROWARD BLVD., SUI					0.000		o (101 Bon Hambor to trott to optable)
		DALE FL 33301				83	-		
						84	City		85 Zip Code
						!		_	
11. Pursuant t	to the provis	sions of Sections 607.05	02 and 6	07.1508, Florida Stat	utes, the a	bove	-named	corporat	ation submits this statement for the purpose of changing its registered
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	d or printed name of registered ag					nt signature	required wi	when reinstating) DATE
12.		OFFICERS AN	AD DIREC	DELETE	13.			P.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change X Addition
TITLE						IAME	1	~	ENN-J. PELLER IN 50 PACIFIC BLOD-NO. 1101 CA RATON FL. 33433
NAME OTREET ADORESS							ADDRESS	되는	EN POLICIE BUNN-NO. 1101
STREET ADDRESS							ì	B	CA PATTAL FI. 33433
CITY-ST-ZIP TITLE			☐ DELETE			1.4 City - St - ZiP .		442	☐ Change ☐ Addition
NAME			_		2.2 1	2.2 NAME			
STREET ADDRESS					2.3 5	TREET	ADDRESS		•
CITY - ST - ZIP				2, 4		2, 4 CITY-ST-ZIP			**
TITLE				DELETE	3,1 7				Change Addition
NAME					3.2 N	AME			
STREET ADDRESS					3.3 9	TREET	ADDRESS		
CITY - ST - ZIP					3.4.	CITY - S	ST-ZIP		
TITLE				DELETE	4,1 7	ITLE			Change Addition
NAME					4, 2	NAME			
STREET ADDRESS					4.3 9	TREET	ADDRESS		
CITY-ST-ZIP					4.4 0	ATY-S	T-ZIP	***	
TITLE				☐ DELETE	5.1 7	TTLE			Change Addition
NAME					5.2 N	IAME			
Street Address							ADDRESS		
CITY-ST-ZIP						XY-S	T-ZIP		Change Laddin
TITLE				L DELETE	6.1 T				Change Addition
NAME						LAME			
Street Address							ADDRESS		
CITY-ST-ZIP	antifu that t	he information supplied	withthic f	indidoes not qualify	for the ev	emn	T-ZIP	d in Sec	ection 119.07(3)(i). Florida Statutes, I further certify that the information
indicated officer or	on this ann director of t	ual report or supplement he corporation or the rec	tal ennya	l report is true and a trustee oppowered t	ccurate ar	nd the	at my sig: report as	nature s	ection 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an ed by Chapter 607, Florida Statutes; and that my name appears in

AGLENN J. PELLERIN.