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

DOCUMENT # P97000092966

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

INSURANCE DEPOT AGENCY INC.

City & State

28

Zip

29 9. Name and Address of Current Registered Agent

Country

MENDOZA, EDGAR 1085 EAST 4TH AVENUE, #3

25

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90069 005 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

10/28/1997 4. FEI Number

65-0794890

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

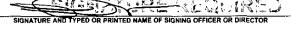
HIALEAH FL 33010			3				
		8	4 City	/	. FL	85 Z	ip Code
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida egistered agent, or both, in the State of Florida. Such change in familiar with, and accept the obligations of, Section 607.050	was authorized b	y the co	ned corporation submits this statem orporation's board of directors. I he	ent for the purpose of c reby accept the appoin	hanging ment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ac	ent signat	ure required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13,			ES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	PSVT DELE					Chan	ge Addition
NAME	MENDOZA, EDGAR	1.2 NAMI	E				
STREET ADDRESS	1085 EAST 4TH AVENUE, #3	1.3 STRE	ET ADDRE	ESS	•		
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-	-ST-ZIP	1:	•		
TITLE	☐ DELE	TE 2.1 TITLE	:			Chang	e Addition
NAME		2.2 NAME	Ė				
STREET ADDRESS		2.3 STRE	ET ADORE	ESS			
CITY-ST-ZIP		2. 4 CITY	-ST-ZIP			- ·	
TITLE	☐ DELE	TE 3.1 TITLE				☐ Chan	ge 🔲 Addition
NAME		3.2 NAME	E				
STREET ADDRESS		3.3 STRE	ET ADDRE	ESS			
CITY-ST-ZIP		3.4. CITY	-ST-ZiP				
TITLE	DELE	TE 4.1 TITLE	=			Chan	ge Addition
NAME		4.2 NAM	ΙE	1			
STREET ADDRESS		4.3 STRE	ET ADDRE	ESS			
CITY-ST-ZIP		4.4 CITY	-ST-ZIP				
TITLE	☐ DELE	TE 5.1 TITLE	=			Chan	ge
NAME		5.2 NAMI	E				
STREET ADDRESS		5.3 STRE	ET ADDRE	ESS			
CITY-ST-ZIP		5.4 CITY-	-ST-ZIP				
TITLE	☐ DELE	TE 6.1 TITLE				Chan	ge
NAME		6.2 NAM	E				
STREET ADDRESS		6.3 STRE	ET ADDRE	ESS	•		
CITY-ST-ZIP		6.4 CITY					
14. I hereby o	certify that the information supplied with this filing does not qua	lify for the exemp	ption sta	ated in Section 119.07(3)(i), Florida	Statutes. I further certi	fy that th	e information

Country

30

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 ar 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:



Daytime Phone #