

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90123 011 \*\*\*150.00

DOCUMENT # **P98000007702**

1. Corporation Name

**ALL BUSINESS INSURANCE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 14428

P.O. BOX 14428

N. PALM BEACH FL 33408

N. PALM BEACH FL 33408

2. Principal Place of Business

21 **Admiralty Tower**  
**4400 PGA Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

26 **Admiralty Tower**

Suite, Apt. #, etc. **4400 PGA Blvd**

22 **#700**

City & State

23 **Palm Beach Gardens, Fla**

Zip Country

24 **33418**

25 **Palm Beach**

27 **Suite 700**

City & State

28 **Palm Beach Gardens, Fla**

Zip Country

29 **33418**

30 **Palm Beach**

9. Name and Address of Current Registered Agent

**MAPLES, FAYE-C Campagna-Maples, Faye**  
**733 LAGOON DR.**  
**N. PALM BEACH FL 33408**

3. Date Incorporated or Qualified

**01/16/1998**

4. FEI Number

**650808594**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**same**

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

**Admiralty Tower- 4400 PGA Blvd**

83

**Suite 700**

84

City

**Palm Beach Gardens**

**FL**

85 Zip Code

**33418**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P** **MAPLES, FAYE-C Campagna-Maples, Faye**

STREET ADDRESS **733 LAGOON DR.**

CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **V**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Faye Campagna-Maples, President**

**1-4-99**

Date

Daytime Phone #

**561-422-3501**

CR2E034 (11/98)