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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 024 \*\*\*150.00

## DOCUMENT # P98000014874

Principal Place of Business

PROFESSIONAL INSURANCE & PROPERTY SERVICE INC.

1100 S. FEDERAL HWY.STE.4 BOYNTON BEACH FL 33435			1100 S. FEDERAL HWY.STE.4 BOYNTON BEACH FL 33435				DO NOT WRITE IN THIS	SPAC	Ε		
							3. Date Incorporated or Qualifed 02/13/1998				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		App	lied For	
21			26				65-0811357	ľ	Not	Applicable	
- Suite, Apt. #, etc.			Suite, Apt. #, etc.				and the state of t	\$8	.75 A	dditional	
22			27				5. Certificate of Status Desired	F	ee Rec	uired	
City & Stat	e		City & State				6. Election Campaign Financing S5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip Country Zip			Zip	Country			8. This corporation owes the current year int	angible	,		
24 25 25			29 30				Personal Property Tax. Yes No				
24	9. Name and Address of Curre						10. Name and Address of New Registered	Agent			
	g. realite and readings of Gaire			8	1	Name					
VIGLIOTTI, RICHARD					_						
		8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)						
1100 S. FEDERAL HWY,STE.4 BOYNTON BEACH FL 33435				R	83						
5511	.,,			•	-						
				8	4	City	FI	85	Zip C	ode	
					$\perp$			44	12		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligi	of Florida	i. Such change was auti	norizea b	υyτι	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoli	ntment	as reg	istered	
SIGNATURE	Signature, typed or printed name of registered ege	out and title if a	malianhia /NOTE: D	anietorad &a	tnort	signature required v	when reinstating) DATE			<del></del>	
12.	OFFICERS A		<del></del>	13.	- I	organization responses v	ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTO	RS IN 12	
TITLE	D	J. C.	DELETE	1.1 TITLE				□ Ct		Addition	
NAME	VIGLIOTTI, RICHARD			1.2 NAME		ļ					
ì	1100 S. FEDERAL HWY,STE.4					ADDRESS					
STREET ADDRESS	•										
CITY-ST-ZIP	BOYNTON BEACH FL 33435		□ DELETE	1.4 CITY- 2.1 TITLE		-ZIP		[]()	ange	Addition	
TITLE	PRES.		C) DECEIE			ł			u.igo		
NAME	TILLIAN LAMONIC	Α		2.2 NAME		J					
- STREET ADDRESS	-100-s- FEDERAL	HWY~	-str4	2.3 STRE	ΕŢ	ADDRESS					
CITY-ST-ZIP	-100 s. federal boynton beach.	FI.	33435	2. 4 CITY		r-ZIP		F7.05		[7] Addition	
TITLE	DOTATION DEADITY	• -	DELETE	3.1 TITLE					aiige	Addition	
NAME	•			3.2 NAME	Ξ						
STREET ADDRESS				3.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP				3 4. CITY	-ST	-ZIP					
TITLE			DELETE	4.1 TITLE	: -			Ch	ange	Addition	
NAME				4. 2 NAM	E						
STREET ADDRESS				4.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP				4.4 CITY-							
TITLE			☐ DELETE	5.1 TITLE				C	ange	Addition	
NAME :				5.2 NAME				-			
1						ADDRESS					
STREET ADDRESS				5.4 CITY-							
CITY-ST-ZIP			[] DELETE	6.1 TITLE		<del></del>		Cr	ange	Addition	
TITLE .				· · · · · · · · ·	-	1					

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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: RICH

STREET ADDRESS