

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90021 022 \*\*\*150.00

DOCUMENT # **P98000033320**

Corporation Name

**LOULIAS INSURANCE SERVICES, INC.**



Principal Place of Business  
**205 D VILLAGE DRIVE  
ELRAY BEACH FL 33445-2805**

Mailing Address  
**4205 D VILLAGE DRIVE  
DELRAY BEACH FL 33445-2805**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6346 Westchester Dr. N</b>		2a. Mailing Address <b>6346 Westchester Dr. N</b>		3. Date Incorporated or Qualified <b>04/09/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>650830640</b>	
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33437</b>		Zip <b>33437</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LOULIAS, BARBARA 4205 D VILLAGE DRIVE DELRAY BEACH FL 33445-2805</b>				10. Name and Address of New Registered Agent	
81 Name <b>Barbara Loulias</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>6346 Westchester Dr. Club Dr. N</b>	
83				84 City <b>Boynton Beach</b>	
85 Zip Code <b>FL 33437</b>				85	

I, 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: Barbara Loulias (Same) DATE: 6/30/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	<b>6346 Westchester Club Dr. N</b>
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33437</b>
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

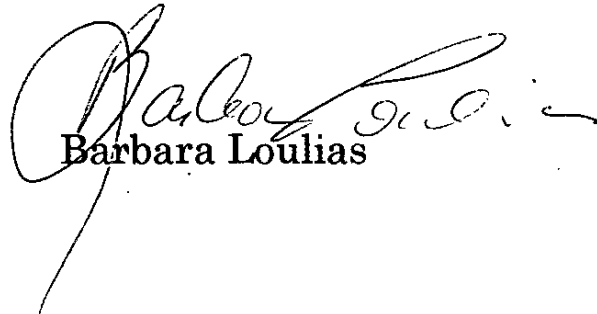
SIGNATURE: Barbara Loulias DATE: 6/30/99 DAYTIME PHONE: 561-742-0965

CR2E034 (5/99)

585546-40021-22

June 30, 1999

Please except my check in the amount of \$150. I moved  
in April 99 and do not recall getting the first notice in the  
mail. This is my first year as a corporation. I was not  
aware of the annual fee. Thank you,



Barbara Loulias

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*Loulias Ins. Services, Inc.  
6346 Westchester Club Dr. N  
Boynton Beach, FL 33437*