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 # P98000039405

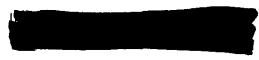
1. Corporation Name

APPLE INSURANCE MALL LICENSING, INC.

(Insurance Conter Resit in Mc.)

Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90099 040 ***150.00



Principal Place	of Business	Mailing Address					
625 COURT ST. SUITE 200		625 COURT ST. SUITE 200			Ì		
CLEARWATER FL 33756		CLEARWATER FL 33756		DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/30/1998		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
27 101 N MISSOUM Ave 26 101 N. MISS			รดบร	i Ar	e 65-08338 i	67 ┌	Not Applicable
Suite Apt. #, etc. Suite, Apt. #, etc.			30011 (110				75 Additional
27 Ste 2 27 Suite			سمستعم مترير م		5. Certificate of Status Desired	Fe Fe	e Required
City & State City & State				<u></u>	6. Election Campaign Financing	\$5	.00 May Be
23 <i>Cle</i> a	28 CCONWATE	aler th		Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Country	-	8. This corporation owes the curre	· —	П.,
24 3375	35 25 VST	29 33 155 30		S(1	Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent	- 04	1 11	10. Name and Address of New R	egistered Agent	
DAVA	JONES I BALIS		81	Name	•		
RAYMOND, J. PAUL 625 COURT ST, SUITE 200			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)	
CLEARWATER FL 33756			-				
CLEA	ANWATER PE 33730		83				
			84	City		FL 85	Zip Code
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, t	he abov	e-named c	orporation submits this statement for the	ourpose of changing	ig its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autho	rizea ov	the corpor	ation's board of directors. I hereby accept	t the appointment	as registered
	in lamiliar with, and accept the obligation	in or, dection our dood, i londa					ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	istered Age	nt signature rec	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1.1 TITLE	l	·	Ch.	ange
NAME	WATSON, CHARLES S	' \	1.2 NAME	-			
STREET ADDRESS	325 N FEDERAL HWY		1.3 STREE	TADDRESS			ſ
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-5	T-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE			☐ Ch	ange 🗌 Addition
NAME	MCVEIGH, PAMELA M		2.2 NAME				
STREET ADDRESS	325 N FEDERAL HWY		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			ST-ZIP	Part to the		1 Th 1 100 an
TITLE		☐ DELETE	3.1 TITLE		President	□ Ch	ange MAddition
NAME			3.2 NAME	[2	Dohn J Naughton	C_{1}	'\
STREET ADDRESS			3.3 STREE	TADDRESS	John J Naughton 101 N Missoyrl Ar	e Sta	
CITY-ST-ZIP			3.4. CITY-		Clearnator fr 33	777	5 4 4 80
πιε		☐ DEFELE	4.1 TITLE	ì			ange
NAME		1	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			P-7 A A 1111
TITLE		☐ DELETE	5.1 TITLE		•	· □Ch	ange 🗀 Addition
NAME			5.2 NAME	1	•		
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP		nene	
TITLE		DELETE	6.1 TITLE			[] Ch	ange
NAME			6.2 NAME				
STREET ADORESS	ा । भारता केला में प्रश्लिकों		6.3 STREE	TADDRESS			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