PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90036 004 ***158.75

1. Corporation Na	ENT # P980000 NSURANCE DEPOT, INC.	U53574				
Principal Place of	Business	Malling Address		1 18811891 ING 18181 INVIT BOWN BOWN GOLD	•	
4602 N.E. 6TH AVE		4050 N.W. 42 AVE. #3		1		
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33319		1319	DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualified		
				06/12/1998		
2. Principal Place	of Business	2a. Mailing Address	7 01 CI	4. FEI Number	<u> </u>	lied For
21 13/00 .	State Rd. 84	26/3/00 31	nte Rd 84	65-0880893		Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Red	
22 20 20 20 20 20 20 20 20 20 20 20 20 2	·	27		Complete Com	\$5.00·	
City & State	-0. F/	28 lane	Fl	6. Election Campaign Financing Trust Fund Contribution	Added to	· .
Zip_	Country	Zi02.0.2	Country	8. This corporation owes the current year in	tangible _	
24 3337	15 25 115A	29 33325	30 C151-	Personal Property Tax.	□Yes	≥
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name	•		
ASIN, H			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
4050 N.W. 42 AVE. #318			<u> </u>			
FT. LAU	JDERDALE FL 33319		83			1
			84 City	FI	85 Zip C	ode
				PI	. 1 1	
11. Pursuant to the office or regis	the provisions of Sections 607.0502 stered agent, or both, in the State of amiliar with, and accept the obligat	2 and 607.1508, Florida Sta of Florida. Such change wa lons of, Section 607.0505,	atutes, the above-named constant sauthorized by the corporate Florida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo		registered gistered
agentI am ta	amiliar with, and accept the obligations and accept the obligations are also accept the obliga	t and title if applicable.	OTE: Registered Agent signature requir	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its intment as reg	
SIGNATURE Sign	amiliar with, and accept the obligat	t and tile if applicable. (N	OTE: Registered Agent signature requir	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its intment as reg	
signature 12. Time	amiliar with, and accept the obligations of registered agent OFFICERS AND	t and site if applicable. (P) D DIRECTORS DELETE	OYE: Registered Agent signature required 13.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its intment as reg ND DIRECTOR	RS IN 12
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INDICATED ON UTS MINUAL REPORT OF SUpperhential simulal report is true and accurate and mar my signature shall have the same legal effect as it made under 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 Block 12 or Block 13 if phagged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED MANLE OF SIGNING OFFICER OR DIRECTOR