


**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90030 008 \*\*\*450.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P98000058347 OK</u> <b>1. Corporation Name</b> <u>Suburban Miami Ins. Agency.</u>					
<b>Principal Place of Business</b> <u>12958 SW 133 CT</u> <u>Miami FL 33186</u>			<b>Mailing Address</b> <u>SAME</u>		
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country			<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		
<b>3. Date Incorporated or Qualified</b> <u>6/98</u>			<b>4. FEI Number</b> <u>65-0845424</u>		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9. Name and Address of Current Registered Agent</b> <u>Corey Bailey</u> <u>12958 SW 133 CT</u> <u>Miami FL 33186</u>			<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <u>FL</u> <b>85</b> Zip Code		
<b>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.</b> <b>SIGNATURE</b> <u>Corey Bailey</u> <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>12. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> DELETE			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>		
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**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:** Corey Bailey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)