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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999
11.45.17

DOCUMENT # P98000 7056 Z

1. Corporation Name

Insurance Gallery OF FLORIDA, INC.

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90056 024 \*\*\*150.00

NAME  STREET ADDRESS  GF28 KEENA DR.  GTY-ST-ZIP  TITLE  SCC.  DELETE  JOROON B100KS  32 NAME  33 STREET ADDRESS  34. CITY-ST-ZIP  4.1 TITLE  AMME  JOCALYN B1UNO  42 NAME  42 NAME  43 STREET ADDRESS  GTY-ST-ZIP  FH. WAYNE  TITLE  TOS  DELETE  STITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  TITLE  TOS  DELETE  STITLE  Change  Addition	67	ce of Business Mailing Address			
DO NOT WRITE IN THIS SPACE  2. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Dale Incorporation of Qualified 3. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Principal Place of Busiless 3. Principal Place of Busiless 3. Dale Incorporation of Qualified 3. Dale Incorporation of State of State of Place State of State of State of Place State of State of Place State State of Place State	$oldsymbol{\omega} t$				
2. Principal Place of Business 2. Principal Place of Business 3		-28 NEETUH DRIVE	( ~( G		
2. Principal Place of Business 2. Principal Place of Business 3	n)e	iw port Richay F1 346	653		SPACE
21   C728   KEENA Dr.   26   Suite, Apt. 8, etc.   5   Certificate of Status Desired   \$8.75 Additional   Fee Required   \$8.75 Additional   \$5.00 May Be   Addition   Added to Fees   \$1.70				3. Date Incorporated or Qualified	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Scille, Apt. #, etc.				4. FEI Number	Applied For
City & State 23				593525501	
23   New Port Kicky   28				5 Certificate of Status Desired	
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zi	<i>f</i> lou.	City & State City & State			•
23 34653   Z5   USA   29   30   Personal Property Tax.   Yes   Yes	23 7 DE 64		Country		
S. Name and Address of Current Registered Agent  KONSHANCE BRUNG - BROOKS (0728 KEENA DV.  New part Rickley FL 34653  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607,0505, Florida Statules.  SIGNATURE  Signature, Typed or printed name of registered agent and the 7 applicable (NOTE Registered Agent separate when remainting)  DATE  OFFICERS AND DIRECTORS IN 12  TITLE  PRES.  COFFICERS AND DIRECTORS  DELETE  11 TITLE  V-P.  DELETE  DELETE  12 NAME  12 NAME  13 STREET ADDRESS  A DOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  V-P.  DELETE  14 TITLE  V-P.  DELETE  DELETE  31 TITLE  V-P.  DOILOND BY OOKS  CITY-ST-ZP  DELETE  Addition  BY OR ON BY OOKS  CITY-ST-ZP  DELETE  ADDRESS	346		<del>-</del>		<u> </u>
North Companies   North Comp	24 0 7 0	<u> </u>	0		
Street Address (P.O. Box Number is Not Acceptable)	1/ -		81 Name		
New part Rickey FL 34653   84   City   FL   85   Zip Code	KONS	STANCE BRUNIT- BROOKS			· · · · · · · · · · · · · · · · · · ·
New part Rickey FL 34653   84   City   FL   85   Zip Code	67	28 KEENIA Dr.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
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 or office or registered agent, to obt, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of Section 607.0505, Florida Statutes.   In familiar with, and accept the obligation of Section 607.0505, Florida Statutes.   In familiar with, and accep	1100	1) not Dinka -1 24153	83		
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 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, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and tife if applicable   (NOTE Registered Agent signature required when reinstating)   DATE	10cm	Sport Kickey FL 34655			
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 algent, or both, in the State of Florida Statutes agent, and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes  SIGNATURE  Signature, typed or printed name of registered agent and title / applicable (NOTE Registered Agent agent agent and title / applicable (NOTE Registered Agent agental required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PRES.  CONSTANCE Bruner- Brooks  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE V-P. DELLETE 1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE U-P. DELETE 2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  2.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  3.5 TITLE 3.2 Change Addition  CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  3.1 STREET ADDRESS APOPTESS  1.2 NAME 3.3 STREET ADDRESS APOPTESS  2.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  3.1 STREET ADDRESS APOPTESS  2.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  3.1 STREET ADDRESS APOPTESS  2.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  3.2 NAME 3.3 STREET ADDRESS APOPTESS  CITY-ST-ZIP PRESE ADDRESS APOPTESS  3.1 STREET ADDRESS APOPTESS  3.2 STREET ADDRESS APOPTESS  3.3 STREET ADDRESS APOPTESS  3.4 CITY-ST-ZIP  TITLE U-P. DELETE 3.1 TITLE  4.1 TITLE APOPTESS  5.1 TITLE APOPTESS  4.2 NAME APOPTESS  5.1 TITLE APOPTESS			84 City	FI	85 Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature recurred when reinstating)   DATE				poration submits this statement for the purpose of o	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent segnature required when reinstating)   DATE				on's board of directors. I hereby accept the appoin	tment as registered
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature recovered when reinstating)   DATE	ŭ		a diames.		
TITLE PRES. DELETE   1.1 TITLE   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   1.1 TITLE   1.1 TIT	SIGNATURE		egistered Agent signature require	DATE	
NAME KONSTANCE Bruner-Brooks  STREET ADDRESS  GF28 KEENA DY:  13 STREET ADDRESS  GTY-ST-ZIP  TITLE  NAME  Jaclyn Brooks  STREET ADDRESS  GF28 KEENA DR:  22 NAME  Jaclyn Brooks  STREET ADDRESS  GF28 KEENA DR:  23 STREET ADDRESS  GF28 KEENA DR:  23 STREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  V-P  DELETE  31 TITLE  V-P  DELETE  31 STREET ADDRESS  GF29 KEENA DR:  GTY-ST-ZIP  NAME  JORGON BROOKS  STREET ADDRESS  GF29 KEENA DR:  GTY-ST-ZIP  NEW part Richay FL 34653  34 CITY-ST-ZIP  TITLE  SCA:  DELETE  41 TITLE  ADDRESS  TOCCLYN Brunar  GREET ADDRESS  FF. Wayne In 46805  44 CITY-ST-ZIP  Change  Addition  ADDRESS  ADDRESS  ADDRESS  CITY-ST-ZIP  ADDRESS  ADDRESS  ADDRESS  CITY-ST-ZIP  ADDRESS  ADDRESS  ADDRESS  Change Addition  Addition  ADDRESS  ADDRESS  ADDRESS  Change Addition  ADDRESS  ADDRESS  CITY-ST-ZIP  ADDRESS  ADDRESS  ADDRESS  ADDRESS  Change Addition  ADDRESS  Change Addition	12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
STREET ADDRESS 6728 KEENA PT.  OUTY-ST-ZIP NUW PORT RICKAY FL 34653  TITLE U-P. DELETE 21 TITLE  NAME JACIYN Brooks STREET ADDRESS 6728 KEENA DR.  CITY-ST-ZIP NEW PORT RICKAY FL 34653  TITLE U-P DELETE 23 STREET ADDRESS AD	TITLE		1.1 TITLE		Change
CITY-ST-ZIP  New port Rickay FL 34653  14 CITY-ST-ZIP  TITLE  V-P.  DELETE  21 TITLE  22 NAME  STREET ADDRESS  G 7 28 KEENA DR.  CITY-ST-ZIP  TITLE  V-P  DELETE  DELETE  31 TITLE  NAME  JORDON BYOOKS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  JORDON BYOOKS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SOC.  DELETE  A1 TITLE  NAME  JOCCLYN BYOKT  ADDRESS  CITY-ST-ZIP  TITLE  SOC.  DELETE  A1 TITLE  A2 NAME  A3 STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  A2 NAME  A3 STREET ADDRESS  CITY-ST-ZIP  A3 STREET ADDRESS  CITY-ST-ZIP  TITLE  TOS  DELETE  Addition  Addition  Addition  Addition  ACHANGE  A4 CITY-ST-ZIP  Change  Addition  Addition  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  Change  Addition  ADDRESS  Change  Addition  Addition	NAME	Konstance Bruner-Brooks	1.2 NAME	_	
TITLE V-P. DELETE   2.1 TITLE   1.2 Change   Addition    NAME   Jaciya Brooks   22 NAME    STREET ADDRESS   6 7 28 KEENA OR    CITY-ST-ZIP   New port Rickay FL 34653   2.4 CITY-ST-ZIP    TITLE   V-P   DELETE   3.1 TITLE    NAME   JORDON BROOKS   3.3 STREET ADDRESS    CITY-ST-ZIP   NEW port Rickay FL 34653   3.4 CITY-ST-ZIP    TITLE   5ec   DELETE   4.1 TITLE    NAME   JOCELYA Bround   4.2 NAME    STREET ADDRESS   16 2 7 HOBSON Rd   4.3 STREET ADDRESS    CITY-ST-ZIP   FL WAYNE   TO 46805   4.4 CITY-ST-ZIP    TITLE   TOS   DELETE   5.1 TITLE    Change   Addition    Addition   Addition    Addition   Addition    Addition   Addition    Addition   Addition    AChange   Addition    Addition   Addition    AChange   Addition    ACCHANGE   ACCHANGE    ACCHANGE   Addition    ACCHANGE   ACCHANGE    ACCHANGE   Addition    ACCHANGE   ACCHANGE    ACCHANGE   A	STREET ADDRESS	6728 KEENA Pr.	1.3 STREET ADDRESS	ADDIESS	
TITLE V-P. DELETE   2.1 TITLE   1.2 Change   Addition    NAME   Jaciya Brooks   22 NAME    STREET ADDRESS   6 7 28 KEENA OR    CITY-ST-ZIP   New port Rickay FL 34653   2.4 CITY-ST-ZIP    TITLE   V-P   DELETE   3.1 TITLE    NAME   JORDON BROOKS   3.3 STREET ADDRESS    CITY-ST-ZIP   NEW port Rickay FL 34653   3.4 CITY-ST-ZIP    TITLE   5ec   DELETE   4.1 TITLE    NAME   JOCELYA Bround   4.2 NAME    STREET ADDRESS   16 2 7 HOBSON Rd   4.3 STREET ADDRESS    CITY-ST-ZIP   FL WAYNE   TO 46805   4.4 CITY-ST-ZIP    TITLE   TOS   DELETE   5.1 TITLE    Change   Addition    Addition   Addition    Addition   Addition    Addition   Addition    Addition   Addition    AChange   Addition    Addition   Addition    AChange   Addition    ACCHANGE   ACCHANGE    ACCHANGE   Addition    ACCHANGE   ACCHANGE    ACCHANGE   Addition    ACCHANGE   ACCHANGE    ACCHANGE   A	CITY-ST-ZIP	New port Rickey FL 34653	1.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP  TITLE  V-P  DELETE  JORDON BYOOKS STREET ADDRESS CITY-ST-ZIP  DELETE  3.1 TITLE  JORDON BYOOKS STREET ADDRESS CITY-ST-ZIP  TITLE  JORDON BYOOKS STREET ADDRESS CITY-ST-ZIP  TITLE  SEC: DELETE  ALT TITLE  JORDON BYOOKS  3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  ALT TITLE  JORDON BYOOKS  ALT TITLE  JORDON BYOOKS  ALT TITLE  JORDON BYOOKS  ADDRESS  ADD	TITLE	U−ρ. □ DELETE	2.1 TITLE		Change Addition
CITY-ST-ZIP  TITLE  V-P  STREET ADDRESS  CITY-ST-ZIP  TITLE  V-P  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  SCEC.  DELETE  4.1 TITLE  STREET ADDRESS  16 24 HOBSOL Rd  CITY-ST-ZIP  TITLE  TOS  DELETE  4.4 CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  AChange  Addition  Addition  Addition  AChange  Addition  AChange  Addition  Addition  AChange  Addition  AChange  Addition  Addition  AChange  Addition  Addition	NAME	Jaclyn Brooks	2.2 NAME		
NAME  STREET ADDRESS  CITY-ST-ZIP  NEW PORT RICKLY FL 34653  34. CITY-ST-ZIP  TITLE  SELENA DR.  4.1 TITLE  STREET ADDRESS  16. 2.7 HOBSOL Rd  CITY-ST-ZIP  TITLE  STREET ADDRESS  16. 2.7 HOBSOL Rd  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  TITLE  TORS  CHANGE  Addition  Addition  Addition  Addition  Addition  DELETE  TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  TITLE  TORS  Change  Addition  Addition	STREET ADDRESS	6728 KEENA UK.	2.3 STREET ADDRESS	HOOMESS	
NAME  STREET ADDRESS  CITY-ST-ZIP  NEW PORT RICKLY FL 34653  34. CITY-ST-ZIP  TITLE  SELENA DR.  4.1 TITLE  STREET ADDRESS  16. 2.7 HOBSOL Rd  CITY-ST-ZIP  TITLE  STREET ADDRESS  16. 2.7 HOBSOL Rd  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  TITLE  TORS  CHANGE  Addition  Addition  Addition  Addition  Addition  DELETE  TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  TITLE  TORS  Change  Addition  Addition	CITY-ST-ZIP	new port Richay FL 34633	2. 4 CITY-ST-ZIP		
NAME STREET ADDRESS GF 28 KEENA DR. GITY-ST-ZIP  TITLE  SEC.  DELETE  Addition  NAME  STREET ADDRESS  16 24 HOBSOL Rd  GITY-ST-ZIP  TITLE  TOS  DELETE  13 NAME  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  TITLE  TOS  DELETE  5.1 TITLE  Change  Addition  Addition	TITLE	U-P □ DELETE	3.1 TITLE		Change
STREET ADDRESS 6728 KEENA DR.  CITY-ST-ZIP NEW PORT RICKEY FL 34653 34.CITY-ST-ZIP  TITLE 5ec. DELETE 4.1 TITLE  TOCCLY Brunc 42 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP FT. WAYNE IN 46805 4.4 CITY-ST-ZIP  TITLE TOS DELETE 5.1 TITLE  Change Addition  Addition	NAME	JORDON BLOOKS	3.2 NAME	DONPER	,
NAME JOCELYN Brune ( STREET ADDRESS 1627 HOBSOL Rd 4.2 NAME 4.3 STREET ADDRESS A4 CITY-ST-ZIP TITLE TOPS DELETE 5.1 TITLE  Change Addition	STREET ADDRESS	6729 KEENA DR	3.3 STREET ADDRESS	1100,000	
NAME JOCELYN Brune ( STREET ADDRESS 1627 HOBSOL Rd 4.2 NAME 4.3 STREET ADDRESS A4 CITY-ST-ZIP TITLE TOPS DELETE 5.1 TITLE  Change Addition	CITY-ST-ZIP	NEW port Richey FL 34653	3 4. CITY-ST-ZIP		·
STREET ADDRESS 1627 HOBSOL Rd 4.3 STREET ADDRESS HORES  CITY-ST-ZIP FT. WAYNE IN 46805 44 CITY-ST-ZIP  TITLE TOPS DELETE 5.1 TITLE Change Addition	TITLE		4.1 TITLE		Change
CITY-ST-ZIP Ff. Wayne In 46805 44CITY-ST-ZIP  TITLE Trace Delete 5.1 Title Change Addition	NAME	Jocelys Bruner,	4. 2 NAME	MARACE	`
TITLE   Troc   DELETE   5.1 TITLE   SChange   Addition	STREET ADDRESS	1627 HOBSOL Rd	4.3 STREET ADDRESS	MURCSS	
TITLE   Troc   DELETE   5.1 TITLE   SChange   Addition	CITY-ST-ZIP	Ft. Wayne In 46805	}		
	TITLE	Tres.		000000	Change
NAME JASON Bruner 52 NAME ADDIESS	NAME	JASON BrUNET	ll l	HUDIES	
STREET ADDRESS 10018 COBULY OR. 52 NAME HUDIES	STREET ADDRESS	10018 COBUTY OR	1	_	
CITY-ST-ZIP F1. Wayne III 46823 SAUTY-ST-ZIP		F1. Wayne In 46823	<del> </del>		
TITLE GADNIE GALLIE GAL	TITLE	, ☐ DÉLETE			☐ Change ☐ Addition
NAME 62 NAME					
STREET ADDRESS 6.3 STREET ADDRESS	NAME	.1	6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP			1		
44.41	STREET ADDRESS		<u> </u>		
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	STREET ADDRESS CITY-ST-ZIP 14. I hereby o	certify that the information supplied with this filing does not qualify for the	e exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certies shall have the same legal effect as if made under	fy that the information oath; that I am an

SIGNATURE:

4-30-99

1-800-828-6608