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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000087707**1. Corporation Name

AMERICAN EAGLE INSURANCE OF PALM BEACH INC.

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90009 009 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				-	110	HILL BENN HUND		00111 1001 1001
4115 S DIXIE HWY		4115 S DIXIE HWY								
WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405					•			
							DO NOT WR	ITE IN THIS	SPACE	
						) -··	orated or Qualifed	1		]
						10/12/199	98			
2. Principal P	Place of Business	2a. Mailing Address	- 0-	<u>እ</u>		4. FEI Number	0/ 0/ 1		Ap	plied For
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22 City R Stat		27 0000 12	<u>- 76</u>	215				<u></u>	Fee Re	
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<b>23</b>   Zip	Country	<b>28</b> Zip	Cou	ntru		Trust Fund C			Added t	TO Fees
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24)	9. Name and Address of Current		] <b>30</b>			10. Name and		Registered	. —	
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SOT	OMAYOR, MIGUEL A									
4115	5 S DIXIE HWY			82 Stre	et Addres	ss (P.O. Box Num	ber is Not Accept	table)		J
WES	ST PALM BEACH FL 33405			83						
	$\mathcal{A}$			84 City		1		FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.050	and 607 1508. Florida Statut	ed the	OVE-Dame	ed corpor	ration submits this	etatement for the		changing its	registered
office of r	egistered agent or oth, in the State of	of Flor <b>j</b> da. Such change was a	uthorized	by the co	pration	's board of directo	rs. I hereby acce	pt the appoi	ntment as re	gistered
agent. I	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stati	tes.	<i>\\</i>	5		9	11.9	<b>Q</b>
						/ N				
SIGNATURE	Signature typed or protein game of (Missered agent	and fills if an example (NOTE	Panetarad	toent eignetu	n required to	shan reinstation)		DATE	1176	\
	Signature, typed or printed game of registered agent OFFICERS AND			Agent signatur	e required w	when reinstating)	HANGES TO OF	DATE FICERS AN	ID DIRECTO	IRS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed game of registered agent OFFICERS AND		Registered 13.		e required w		HANGES TO OF		ID DIRECTO	PRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	LE	e required w		HANGES TO OF			
12. TITLE NAME	PD SOTOMAYOR, MIGUEL A	DIRECTORS	13. 1.1 TIT 1.2 NA	LE WE			HANGES TO OF			
12. TITLE NAME STREET ADDRESS	OFFICERS AND PD SOTOMAYOR, MIGUEL A 4115 S DIXIE HWY	DIRECTORS	13. 1.1 TIT 12 NA 1.3 ST	LE ME REET ADDRES			HANGES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOMAYOR, MIGUEL A	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	LE ME REET ADORES Y-ST-ZIP			HANGES TO OF		☐ Change	Addition
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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 emoywered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an altachment with an address, with all other like empowered.

SIGNATURE:

Date