

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04338 (7)

1. Corporation Name

G. & A. INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

~~14000 MILITARY TRAIL SUITE 102 DELRAY FL 33484~~
**848 W LANTANA RD
LANTANA, FL
33462**

~~14000 MILITARY TRAIL SUITE 102 DELRAY FL 33484~~
**848 W LANTANA RD
LANTANA, FL
33462**

2. Principal Place of Business

2a. Mailing Address

21 **848 W. LANTANA RD**
Suite, Apt #, etc

26 **848 W. LANTANA RD.**
Suite, Apt #, etc

22 City & State

27 City & State

23 **LANTANA, FL.**

28 **LANTANA, FL.**

Zip Country

Zip Country

24 **33462**

25

29 **33462**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WEISSBERG, MICHELLE~~
~~14000 MILITARY TRAIL #102 DELRAY BCH, FL 33484~~
**PETER Iodice
848 W LANTANA RD.
LANTANA, FL
33462**

81 Name **PETER Iodice**
82 Street Address (P.O. Box Number is Not Acceptable)
848 W. LANTANA RD.
83
84 City **LANTANA** FL 85 Zip Code **33462**

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.

SIGNATURE **PETER Iodice**

Signature (typed or printed name of registered agent and board of directors)

(Typed Name of Agent) Signature (typed or printed name of corporation)

8-5-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME ~~OLIVER, CORINNE A~~
STREET ADDRESS ~~14000 MILITARY TRAIL #102~~
CITY-ST-ZIP ~~DELRAY BCH, FL 33484~~

TITLE **P** ☒ DELETE
NAME **STERNBERG, ELIZABETH A**
STREET ADDRESS ~~14000 MILITARY TRAIL #102~~
CITY-ST-ZIP ~~DELRAY BCH, FL 33484~~

TITLE **ST** ☒ DELETE
NAME ~~HAMILTON, HENRY H~~
STREET ADDRESS ~~14000 MILITARY TRAIL #102~~
CITY-ST-ZIP ~~DELRAY BCH, FL 33484~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **P D**
23 STREET ADDRESS **PETER Iodice**
24 CITY-ST-ZIP **848 W. LANTANA, FL**
LANTANA, FL 33462

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PETER Iodice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

561-585-3111

Date

Daytime Phone #

CR2E034 (3/96)