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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S28790 1. Corporation Name

GEORGE HUBARTT INSURANCE AGENCY, INC.

Principal Plac	ce of Business	Maiting Address				-{ ~ · † 00 0 0 0 0 0 0 0 0 0	1811) BUIL BIBN BIBN BI		DH DIRH IBN
6582 HYPOLUXO RD 6582 HYPOLUXO RI		-							
LAKE WORTH FL 33408 LAKE WORTH FL 33408					DO NOT WRITE IN THE ORACE				
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						01/30/1991	.d		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Apr	lied For,
21		26				65-0242938		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	□ \$	8.75 A		
27							Fee Rec	•	
City & State City & State						6. Election Campaign Financing	٠ ١١ ٠	\$5.00 t	- ,
Zip	Country	Zip	Country			Trust Fund Contribution Added to Fees			
24	25	, ј	30			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered Ager	nt	
	JARTT, GEORGE		81	Nar	ne	•			
	2 HYPOLUXO RD		82	Stre	et Addres	ss (P.O. Box Number is Not Accep	otable)		
	E WORTH FL 33408		83		· · · · · · · · · · · · · · · · · · ·	### 5 # # # # # # # # # # # # # # # # #	a va de avec	1,1,00pz; 10 91:07.44 (20	10. 2.41 T1
			03					ing graph an Mariani	
			84	City		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	FI 85	Zip C	ode
						ration submits this statement for th	o purpose of char	naina its i	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	e-nam	ed corpoi	ii audii sudii iils liiis statei ii leiit idr ti	re pulpose of chall		egistered I
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	uthorized by	the co	ed corpor prporation	n's board of directors. I hereby acc	ept the appointme	nt as reg	egistered istered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90021 048 ***150.00