FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46994** **(7)**

1. Corporation Name

BRANCATO INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11150 OKEECHOBEE BLVD. SUITE 5 ROYAL PALM BEACH FL 33411	11150 OKEECHOBEE BLVD. SUITE 5 ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21 1115 Royal Palm Beach Blvd
22 Suite, Apt. #, etc.
23 City & State: Royal Palm Beach, FL.
24 Zip: 33411-1641 25 Country: Palm Beach

2a. Mailing Address
26 1115 Royal Palm Beach Blvd
27 Suite, Apt. #, etc.
28 City & State: Royal Palm Beach, FL.
29 Zip: 33411-1641 30 Country: Palm Beach

4. FEI Number: 65-0259385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRANCATO, JOHN S.
13501 CHELMSFORD ST.
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: John S. Brancato, Pres. JOHN S. BRANCATO 4-17-95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P&D	11 TITLE		☐ Change ☐ Addition
NAME	BRANCATO, JOHN S.	12 NAME		
STREET ADDRESS	13501 CHELMSFORD ST	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	BRANCATO, JUDITH M.	22 NAME		
STREET ADDRESS	13501 CHELMSFORD ST	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: John S. Brancato, Pres. JOHN S. BRANCATO 407-798-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261637 CP