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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S53549** **(9)**

1. Corporation Name
TROMBLY INSURANCE ASSOCIATES, INC.

Principal Place of Business
8900 SW 107TH AVE., #300
MIAMI FL 33176

Mailing Address
8900 SW 107TH AVE., #300
MIAMI FL 33176-1451

3. Date Incorporated or Qualified: **05/20/1991**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business
21 10700 N. Kendall Drive
Suite, Apt. #, etc.
22 Suite #302
City & State
23 Miami, FL
Zip: 24 33176 Country: 25 USA

2a. Mailing Address
26 10700 N. Kendall Drive
Suite, Apt. #, etc.
27 Suite #302
City & State
28 Miami, FL
Zip: 29 33176 Country: 30 USA

4. FEI Number: **65-0269966** ☐ 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

TROMBLY, MARSHA
8900 SW 107TH AVE
SUITE 300
MIAMI FL 33176

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
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

D
TROMBLY, MARSHA
11742 SW 100 AVE
MIAMI FL

V
TROMBLY, DONALD R.
11802 SOUTHWEST 100 AVENUE
MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I further 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 added to the report with an address.

SIGNATURE: Donald R. Trombly 3/17/97 (305)595-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #