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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra & Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCU	MENT # \$5581	8 (8)						
1. Corporation	on Name	1.7						
FAMIL	Y GROUP INSURANCE, INC	<b>).</b>			I (BANIA)A KON CINDA BURAN KANDA KA	iel (Bir Bidi) bi	All Biåll Biå	HI ALAK ALAK IJAN
Principal Plac	e of Business	Mailing Address						
	PRESS CREEK RD. DALE FL 33309		2841 W. CYPRESS CREEK RD. FT LAUDERDALE FL 33309					
					3. Date Incorporated or Qualified 05/29/1991	1	e of Last 4/25/19	•
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number 65-0269376	<u>_</u>		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		Certificate of Status Desired		\$8.7	Not Applicable  5 Additional
City & Stat	e	City & State			6. Election Campaign Financing			Required
1		28			Trust Fund Contribution			DO May Be ed to Fees
<i>Z</i> ip	Country 25	Zip <b>29</b>	Gountr 30	ry	This corporation has liability for Florida Statutes	intangible ta		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New	• •	Agent	
HODEN	OW DOOF HIM		81	1 Name		· · · · ·		
HORENSKY, ROSEANN 2841 W. CYPRESS CREEK RD.			82	2 Street Add	ess (P.O. Box Number is Not Acceptable)			
FT LAU	DERDALE FL 33309		83	3				<u></u> -
			84	City			85 Z	ip Code
1 Digotost	to the provisions of Pasting COZ OF OF			ł		FL	<u>. 1. L</u>	
or register	red provisions of Sections 507,0502	and 607.1508, Florida Statut	es, the above	named corpo	ration submits this statement for the pu	rpose of cha	anaina its	registered offici
	to the provisions of Sections 607,0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	tes, the above- zed by the com 3.	named corpo poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of cha cointment as	anging its registera	registered offic d agent. I am
GNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	tes, the above- zed by the corp s. DTE: Registered Age				anging its registera	registered offic d agent. I am
GNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable (NC)  DIRECTORS	OTE: Registered Age	ent signature require		DATE		***
GNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NC	DTE: Registered Age 13.	ent signature require	ad when reinstating!	DATE ICERS AND		
GNATURE LF	Signature, typed or printed name of registered agent OFFICERS AND PD BRANCH, PEGGY	and title if applicable (NC) D DIRECTORS DELETE	TE: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	ad when reinstating!	DATE ICERS AND	DIRECTO	DRS IN 12
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SIGNATURE: FOR AND FOR THE DEATH FOR PRINTED NAME OF SIGNIFIC OFFICER OF DIRECTOR DELEGATION DELEGA