

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71790 (7)
1. Corporation Name

ALL FLORIDA INSURANCE GROUP, EAST COAST, INC.



Principal Place of Business

Mailing Address

555 BEVILLE RD.
SOUTH DAYTONA FL 32119

555 BEVILLE RD.
SOUTH DAYTONA FL 32119

2. Principal Place of Business

2a. Mailing Address

21 345 BEVILLE RD.

26 345 BEVILLE RD.

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 SUITE 109

27 SUITE 109

24 City & State

28 City & State

23 SOUTH DAYTONA, FL

28 SOUTH DAYTONA, FL

25 Zip

25 Country

29 Zip

30 Country

24 32119

29 32119

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/08/1991

07/19/1995

4. FEI Number

Applied For

59-3083976

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

MORDENSKI, ANTHONY
555 BEVILLE RD.
SOUTH DAYTONA FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

345 BEVILLE RD.

83

SUITE 109

84 City

SOUTH DAYTONA

FL

85 Zip Code

32119

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

Anthony Mordenski

ANTHONY MORDENSKI

7-31-96

Signature type: typed name (if not, print name and title)

Signature type: typed name (if not, print name and title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MORDENSKI, ANTHONY
203 FAIRFAX DRIVE
DAYTONA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
WATTERS, JEFFREY D.
1517 DAYTONA AVE.
HOLLY HILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

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

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

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

61 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY MORDENSKI

7-31-96

904-760-5439