

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90308 048 ***150.00

DOCUMENT # S84229

1. Corporation Name
G & M INSURANCE CORP.

Principal Place of Business
1824 W. HILLSBORO BLVD.
DEERFIELD BCH FL 33442
US

Mailing Address
1824 W. HILLSBORO BLVD.
DEERFIELD BCH. FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1991

4. FEI Number
65-0286997

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 7305 W. Sample Rd.
Suite/Apt. #, etc.

2a. Mailing Address
26 7305 W. Sample Rd.
Suite/Apt. #, etc.

22 207

27 207

23 Coral Springs, FL
City & State

28 Coral Springs, FL
City & State

24 33065
Zip

29 33065
Zip

25 Broward
County

30 Broward
County

9. Name and Address of Current Registered Agent

MARMORSTEIN, ANDREA
1824 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
Andrea Marmorstein
82 Street Address (P.O. Box Number is Not Acceptable)
7305 W. Sample Rd.
83
84 City
Coral Springs
85 Zip Code
FL 33065

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PS
NAME MARMORSTEIN, ANDREA
STREET ADDRESS 4029 NW 73RD WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VP
NAME GIGANTI, STEPHEN
STREET ADDRESS 7547 NW 79TH AVE, #110
CITY-ST-ZIP TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11553 NW 6th Ct.
2.4 CITY-ST-ZIP Coral Springs, Fla. 33065

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (954) 341-9980