FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

,	MENT # S94895 CE J. HANBURY INSURANC					
Principal Place	e of Business	Mailing Address		- I DOBSTRON 1440 DOBIN BYRON KRYKR KRYBY RUSA 91041 DYR	II BYBAL BLAK BLA	#I BIBII 1881
4561 OKEECH	HOBEE BLVD.	4561 OKEECHOBEE BL	.VD.			
STE 1 STE 1 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 3			00417	DO NOT WRITE IN THIS SPACE		
WEST PALM	BEACH FL 33417	WEST PALM BEACH FI	L 33417	3. Date Incorporated or Qualified	0.7.02	
				11/15/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ar	pplied For
21 26				65-0298173		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State		Crly & State				<u> </u>
23		28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cu		
24	25	29	30] No
	g, Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	Agent	
HA	NBURY, TERENCE J.		81 Name			
4581 OKEECHOBEE BLVD.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
W.	PALM BEACH FL 33417					
			83			
			84 City	FL	85 Zip i	Code
		0 40034500 50-04-004		rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	- ((
SIGNATURE	m familiar with, and accept the obligation of the obligation lyped or praind raine of registered ago. OFFICERS ANI	int and life if applicable (N	OTE: Hogislered Agent signature req	pured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTOR	3S IN 12
fillE]	D	DELETE	1.1 TITLE	71887.78113 84.1841328 13 877.1027.107.11	Change	Addition
NAME	HANBURY, TERENCE J.		1.2 NAME			
STREET ADDRESS	4561 OKEECHOBEE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		<u>. </u>	
TITLE		☐ DELETE	2 1 TITLE		L Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME		LJ DECEIL	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHY-ST-ZIP			
TIFLE		DELETE	4.1 TiTLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		····	4.4 CITY-ST-ZIP		, _	···-
TITLE		DELETE	5.1 TITLE		[_] Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZiP		Change	☐ Add
TATLE		FR becel	61 71TLE		LL Change	1 AUu
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
Ort 1 - St · Zif			U.T UITT SCIZIF			

4.1 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Informic and the same legal effect as if made under oath; that I a officer or director of the corporation or the receive or trustale empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Toward and the color of the color of the standards of such to consect on

4/15/98 561-684