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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S98273** (3)

1. Corporation Name
A JUST-RITE INSURANCE AGENCY, INC.

Principal Place of Business

**722 NW 119 STREET
MIAMI FL 33168
US**

Mailing Address

**722 NW 119 STREET
MIAMI FL 33168-2335
US**



3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 Suite Apt # etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0299050

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

**LOPEZ, ANTHONY
19714 NW 47TH CT.
MIAMI FL 33054**

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

Sign and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **LOPEZ, ANTHONY**
STREET ADDRESS **19714 NW 47 CT.**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☒ DELETE

NAME **LOPEZ, LIZETTE**
STREET ADDRESS **19714 NW 47 CT.**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **LEONARD BORTHRIGHT**

1.3 STREET ADDRESS **15410 SW 84 AVE**

1.4 CITY-ST-ZIP **MIAMI FL 33159**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition

2.2 NAME **PHILIP COGAN**

2.3 STREET ADDRESS **10504 NW THIRD PLACE**

2.4 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

3.1 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition

3.2 NAME **GREGORY CARLY**

3.3 STREET ADDRESS **9625 DOMINICAN DR**

3.4 CITY-ST-ZIP **MIAMI FL 33189**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Philip Cogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

Daytime Phone #

0230211

CR2E034 (9/96)