

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90017 005 \*\*\*158.75

**DOCUMENT #**

1. Corporation Name

*BOGANI & ASSOCIATES INSURANCE, INC.*

Principal Place of Business

Mailing Address

*3818 506 Road  
LAKE WORTH FL. 33467*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*JUNE 17 1992*

4. FEI Number

*65-0329082*

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be

Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*RICHARD J. BOGANI  
175 OLD COUNTRY RD.  
WELLINGTON FL. 33414*

81 Name *RANDALL BOGANI, President*

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

*1981 CANTERBURY CIR.*

83

84 City *WELLINGTON*

**FL**

85 Zip Code  
*33467*

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

*RANDALL BOGANI, President*

*6/3/99*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PRESIDENT* ☒ DELETE  
NAME *RICHARD BOGANI*  
STREET ADDRESS *175 OLD COUNTRY RD.*  
CITY-ST-ZIP *WELLINGTON FL. 33414*

1.1 TITLE *PRESIDENT* ☐ Change ☒ Addition  
1.2 NAME *RANDALL BOGANI*  
1.3 STREET ADDRESS *1981 CANTERBURY CIR.*  
1.4 CITY-ST-ZIP *WELLINGTON FL. 33414*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE *V. SIT* ☐ Change ☒ Addition  
2.2 NAME *RENÉE BOGANI*  
2.3 STREET ADDRESS *1981 CANTERBURY CIR*  
2.4 CITY-ST-ZIP *WELLINGTON FL. 33467*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:**

*RANDALL BOGANI, President*

*6/3/99*

DATE

*561-967-1383*

DAYTIME PHONE #

CR2E034 (11/98)