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May 02 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 # V32266

(1)

1. Corporation Name

EISENBERG INSURANCE GROUP, INC.

Principal Place of Business

11800 BISCAYNE BLVD., STE. 506
NORTH MIAMI FL 33181

Mailing Address

11800 BISCAYNE BLVD., STE. 506
NORTH MIAMI FL 33181-2726



3. Date Incorporated or Qualified
04/27/1992

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 407 LINCOLN ROAD

2a. Mailing Address

26 407 LINCOLN ROAD

Suite, Apt. #, etc.

22 704/708

Suite, Apt. #, etc.

27 704/708

City & State

23 MIAMI BEACH, FL.

City & State

28 MIAMI BEACH, FL.

Zip

24 33139

Country

25 USA

Zip

29 33139

Country

30 USA

4. FEI Number

65-0333802

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

EISENBERG, S J
11800 BISCAYNE BLVD., STE. 506
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

EISENBERG S.J.

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

407 LINCOLN ROAD

83

SUITE 704/708

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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, type or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME EISENBERG, S.J.
STREET ADDRESS 11800 BISCAYNE BLVD., STE. 506
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME S.J. EISENBERG
1.3 STREET ADDRESS 407 LINCOLN ROAD STE 704/708
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.J. EISENBERG 4/27/97 (305) 532-6100

Date

Daytime Phone #

0247120

CR2E034 (9/96)