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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V34963

(1)

CASTANER INSURANCE AGENCY INC.

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business 26 N. SEMORAN BLVD. 26 N. SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1992 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 26 21 59-3123423 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CASTANER, JULIE B 26 N. SEMORAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 83 84 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition NAME CASTANER, JULIE 1.2 NAME E034 1328 CULVER ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32825 CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition CASTANER, CARLOS NAME 2.2 NAME 1328 CULVER ROAD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Сћапде TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 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 comporation or the february of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or sy an attachment with an address.

形のUIRED

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP