

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90130 006 ***150.00

DOCUMENT # V57443

1. Corporation Name

INSURANCE CONNECTION, INC.

Principal Place of Business

2688 N. MILITARY TRAIL
W. PALM BEACH FL 33409
US

Mailing Address

2688 N. MILITARY TRAIL
W. PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1992

4. FEI Number

65-0353260

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

2. Principal Place of Business

21 6068 Mullin St.

2a. Mailing Address

26 6068 Mullin St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jupiter, FL

City & State

28 Jupiter, FL

24 Zip 33458 Country USA

29 Zip 33458 Country USA

9. Name and Address of Current Registered Agent

LAY, MICHAEL
825 CENTER ST., 52D
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Michael LAY
82 Street Address (P.O. Box Number is Not Acceptable) 6068 Mullin St.
83
84 City Jupiter FL 85 Zip Code 33458

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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME LAY, MICHAEL J
STREET ADDRESS 825 CENTER ST., 52D
CITY-ST-ZIP JUPITER FL

TITLE D ☐ DELETE

NAME LAY, MICHAEL J
STREET ADDRESS 825 CENTER ST., 52D
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6068 Mullin St.

1.4 CITY-ST-ZIP Jupiter FL 33458

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6068 Mullin St.

2.4 CITY-ST-ZIP Jupiter, FL 33458

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

541 745-8342

CR2E034 (11/98)