## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT

Sandra B. Mori

Secretary of Sta DIVISION OF CORPOLONS

1997

DOCUMENT # V59432

(7)

**SOUTH BEACH INSURANCE AGENCY, INC.** 

Principal Place of Business Mailing Address

1201 WEST AVE. SUITE 4 MAMI BEACH FL 33139

I am an officer or director of the cappears in Block 12 or Block 13

SIGNATURE:

P.O. BOX 39-8119

MIAMI BEACH FL 33239-8118

vation or the receiver of trustee explowered to execute the or an attachment with readdress where the trustee explowered to execute the properties of the pr

-	Date incorporated or Chalified 38. Date of Last Report

08/21/1992

**FILED** 

Feb 07 1997 8:00am

Secretary of State

01/23/1996

Applied For

9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  PALLANT, JOSEPH L  5255 COLLINS AVE  STE ## 20  MAMI BCH FL 33140  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advernamed corporation submits this statement for the purpose 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 algent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature. typed or printed name of registered agent and tille if applicable  (NOTE Registered Agent, signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AITILE  DELETE  1.1 Title  C. C	L 85 Zip Code 4 of changing its registered ppointment as registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired	Fee Required  \$5.00 May Be Added to Fees  le tax under s. 199.032,  No d Agent  85 Zip Code 3 3 3 4  of changing its registered ppointment as registered  ND DIRECTORS IN 12  Change Addition
City & State    City & State   28   Mi am   Beach   Trust Fund Contribution	Added to Fees le tax under s. 199.032, No d Agent   85 Zip Code 3 30134 of changing its registered ppointment as registered  ND DIRECTORS IN 12 Change Addition
ZIP Country Zip Zip Coux 8. This corporation has liability for intangible florida Statutes	le tax under s. 199.032,  No d Agent  85 Zip Code 3 30134  of changing its registered ppointment as registered  ND DIRECTORS IN 12  Change Addition
2ip Country Zip Country Zip Country Zip Country Zip Country Zip 332 39 30 Date Representation has flability for intangible Florida Statutes   Yes    9. Name and Address of Current Registered Agent	Addition
9. Name and Address of Current Registered Agent  PALLANT, JOSEPH L 5255 COLLINS AVE STE 49 20  MAMI BCH FL 33140  1 Name Pallant, JOSEPH L 5255 COLLINS AVE STE 49 20  MAMI BCH FL 33140  2 Street Address RO. Box Number is Not Acceptable)  B4 City And Deach FL F  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aovernamed corporation submits this statement for the purpose 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 alegant. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature typed or printed name of registered agent and billed applicable (NOTE Registered Agent signature required when reinstating)  DATE  SIGNATURE  D CFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  SIGNATURE  D CFFICERS AND DIRECTORS  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MAMI BCH FL  DELETE  11 fill  D CATE  12 MME  13. STREET ADDRESS  MAMI BCH FL  DELETE  12 MME  DELETE  12 MME  DELETE  13. TILE  14 CITY-ST-ZIP  MIAMI BCH FL  DELETE  14 CITY-ST-ZIP  MIAMI BCH FL  DELETE  15 TILE  16 DELETE  17 TILE  18 DELETE  18 TILE  18 DELETE  19 TILE  19 DELETE  21 TILE  22 NAME	Addition
PALLANT, JOSEPH L 5255 COLLINS AVE STE  22  MAMI BCH FL 33140  1 Name Pallant, JoSeph 2 Street Address (R) Box Number is Ng Abceptable)  3 Suppose Address (R) Box Number is Ng Abceptable)  4 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advenance corporation submits this statement for the purpose 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 alegant. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  Signature types or printed name of registered agent and site if applicable (NOTE Register) Agent signature required when reinstating)  DATE  SIGNATURE  DELETE  1. flt.  DELETE  1. flt.  STREET ADDRESS  MAMI BCH FL  DELETE  1. flt.  S255 COLLINS AVE, STE SE 2.3  MAMI BCH FL  DELETE  1. flt.  1. glike 2. street ADDRESS  MAMI BCH FL  DELETE  1. flt.  DELETE  2. street ADDRESS  MAMI BCH FL  DELETE  DELETE  2. street ADDRESS  MAMI BCH FL  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	B5 Zip Code 34 of changing its registered ppointment as registered  ND DIRECTORS IN 12 Change Addition
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54 CITY - ST - ZIP	
14. I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect.	