

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V59432 (7)

1. Corporation Name  
SOUTH BEACH INSURANCE AGENCY, INC.

Principal Place of Business

1201 WEST AVE.  
SUITE 4  
MIAMI BEACH FL 33139  
US

Mailing Address

P.O. BOX 39-8119  
MIAMI BEACH FL 33239-8119  
US

FILED  
Feb 07 1997 8:00am  
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 39-119

22 City & State

27 City & State

23 Zip Country

28 Miami Beach, FL  
29 33239 30 Dade

3. Date Incorporated or Qualified  
08/21/1992

3a. Date of Last Report  
01/23/1996

4. FEI Number  
65-0381241

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

10. Name and Address of New Registered Agent

PALLANT, JOSEPH L  
5255 COLLINS AVE  
STE 2B  
MIAMI BCH FL 33140

1 Name Pallant, Joseph  
2 Street Address (P.O. Box Number is Not Acceptable)  
5255 Collins Ave.  
3 Suite 2B  
4 City Miami Beach, FL 5 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME PALLANT, JOSEPH L.  
STREET ADDRESS 5255 COLLINS AVE, STE 2B  
CITY-ST-ZIP MIAMI BCH FL

☐ DELETE

TITLE  
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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 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Pallant

12/30/96

5327623

CR2E034 (9/96)