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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64998

(0)

ALL-ABOUT INSURANCE & TAGS, INC.

FILED										
Apr 30 1997 8:00am										
Secretary of State										

T ENDLE OFFICE STOLE BEAT DEAD FROM FROM AND BURN BEAT BEFOR BERT DESCRIPTION

Principal Place of Business Mailing Address								1 10011 010010 01414 0	 	PIEK DIGIL DIBIL		0(0() 1901
2170 N STATE RD 7 MARGATE FL 33063 US				2179 N STATE RD 7 MARGATE FL 33063-5713 US								
	******				·			3. Date Incorporate 09/18/1992	d or Qualified	3a. Date of 05/01/		eport
2. Principal Place of Business			— —	2e, Mailing Address				4. FEI Number			<u> </u>	oplied For
Sulte, Apt. #, etc.			26	26 Suite, Apt. #, etc.				65-0359978 Not Applicable \$8.75 Additional				
22			27	 1				5. Certificate of Stat	us Desired			Additional equired
City & State				City & State				6. Election Campaig	n Financing			May Be
23				8				Trust Fund Contri	bution		Added	to Fees
Zip 24		Country		Zip	Cour	ntry		8. This corporation				. 199.032,
24	9, Name	and Address of Currer	29 nt Reals	stered Agent	30			Florida Statutes 10. Name and Addre		Yes N		
ANIANAPPA (PANIPPALE												
		SPRINGS DR.				82 Str	noi Addre	ss (P.O. Box Number is	S Not Accorded	(C		
		GS FL 33065			Ĺ		3	179 N. 54,	44 Rd 7			
<i>*</i>						83						
·					ŀ	84 City	y				5 Zip (Code _
46 Durement	to the provin	ions of Sections 607.050	no and C	207 11:00 Florido Otol	lules the ab			whate		FLI	33	Code 3
office or re	egis te red ag	iont, or both, in the State	: of Flori	ida. Such change was	s authorized	by the	corporatio	on's board of directors.	ement for the p Thereby accep	urpose of cha It the appoint	inging it ment as	s registered registered
	rri ramiliar Wi	ith, and accept the oblig	ations o	л, Section 607.0505			15 Co	hwante	1-1	5-97		
SIGNATURE	Signature, typed	or intedinance of registered age	on) and title	r d'applicable (NG	Off Registered	Agent sign	alure requires	d when reinstating)		DATE		*******
12.		OFFICERS AN	D DIRL		13.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DI		
TITLE	D	~~		DELFTE	1.130		Po	esident nneth E. St 179 W. Stat Mangate, F	Lunts	>	Change	Addition
NAME		rtz, kenneth e. Bral springs dr.			1.2 NA		Ke	unlth e, x	A DI D			
STREET ADDRESS		SPRINGS FL				REET ADDRE	SS 7	LITY W. STAT	22062	•		
CITY-ST-ZIP	CONTL	ALUMOO LE		DELETE	2.1 107	Y-SI-ZIP IF	-	MANUJOHE, JC	_ 33003	,	Change	Addition
NAME					2.2 NA		İ				Dilango	
STREET ADDRESS					2.3 STF	REET ADDRE	ss					
CITY-ST-ZIP					2. 4 Cl	Y-ST-ZIP						
TITLE				☐ DELETE	3.1 TIT	F					Change	Addition
NAME					3.2 NA	ME						
STREET ADDRESS						REE1 ADDRE	SS					
CITY-ST-ZIP TITLE				DELETE	3.4. GI 4.1 TIT	Y-\$1-7IP					Change	Addition
NAME				C OLUM	4.2 NA						Ottalige	Madillou
STREET ADDRESS						:::: IEE1 AODRI	SS					
CITY-ST-ZIP						Y-ST-ZIP						
TITLE				DELETE	5.1 TH	F					Change	Addition
NAME					5 2 NA	ME						
STREET ADDRESS					5.3 ST	EET ADDRE	.SS					
CITY-ST-ZIP						Y-S1-71P						
TITLE				DELETE	61113					L	Change	☐ Addition
NAME STREET ADDRESS					62 NA							
CITY-ST-ZIP						RÉÉT ADDRE	22					
14, I do hereb	y certify tha	t the information supplie	d with th	his filing does not qua	alify for the e	Y-SI-7iP exemplio	on stated i	in Section 119.07(3)(i),	Florida Statutes	s. I further cer	tify that	the
informatio	n indicated of fficer or direc	on this annual report or solder of the corporation of Block 13 if changed, o	supplem rithe rec	nental annual report is beiver or trustee empo	s true and a owered to ea	courate.	and that n	ny signature shall have	the same lenal	Leffect as if n	naide uni	der eath: that i