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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State Katherine Harris 04-19-1999 90089 047 ***150.00

DOCUMENT # V65106 1. Corporation Name KEN PASCASCIO INSURANCE AGENCY INC. Mailing Address Principal Place of Business 2460 N STATE ROAD 7 2460 N. STATE RD. 7 FT LAUDERDALE FL 33313 FT LAUDERDALE FL 33313 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/18/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0376178 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired .Fee.Required-27 22 City & State City & State **Election Campaign Financing \$5.00** May Be П Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Country Zip Personal Property Tax. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PASCASCIO, KEN Street Address (P.O. Box Number is Not Acceptable) 82 2460 N STATE ROAD 7 FT LAUDERDALE FL 33313 83 84 City 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 families with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME PASCASCIO, KEN NAME 22179 MARTELLA AVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME PASCASCIO, WILMA NAME 2.3 STREET ADDRESS 22179 MARTELLA AVE STREET ADDRESS **BOCA RATON FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C/TY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplied must use simply does not quality for the exemption stated in Section 1.3.0.00(i), include Statetes. In the Certify 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

SIGNATURE:

6.4 CITY-ST-ZIP

CR2E034 (11/98)