

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G95138

**Entity Name:** BREITBART INSURANCE CORPORATION

**Current Principal Place of Business:**

800 CORPORATE DRIVE  
SUITE 220  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

P.O. BOX 9328  
FT. LAUDERDALE, FL 33310 US

**FEI Number:** 59-2415183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BREITBART, STEVEN H  
800 CORPORATE DRIVE  
SUITE 220  
FT. LAUDERDALE, FL 33334 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** STEVEN H BREITBART

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name BREITBART, STEVEN H  
Address P O BOX 9328  
City-State-Zip: FORT LAUDERDALE FL 33310

Title S  
Name BREITBART, SUSAN R  
Address 5090 SW 89 TERR.  
City-State-Zip: COOPER CITY FL 33328

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN BREITBART

PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date