

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086344

Entity Name: FCHCN INSURANCE AGENCY, INC.

Current Principal Place of Business:

3333 W COMMERCIAL BLVD
SUITE 103
FT LAUDERDALE, FL 33309

Current Mailing Address:

3333 W COMMERCIAL BLVD
SUITE 103
FT LAUDERDALE, FL 33309

FEI Number: 20-1195805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	SLAKMAN, JOEL	Name	CELLER, SHARI SLAKMAN
Address	3333 W COMMERCIAL BLVD SUITE 103	Address	3333 W COMMERCIAL BLVD., STE 103
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309

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: JOEL SLAKMAN

PRESIDENT

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date