FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **129560** **(9)**

1. Corporation Name

FIDELIS CORPORATION

Principal Place of Business	Mailing Address
HENRY B PEACOCK JR 51 N W 1ST ST MIAMI FL 33128-1891 US	HENRY B PEACOCK JR 51 N W 1ST ST MIAMI FL 33128-1891 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1934**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 International Place, Suite 2370
22 100 SE 2 Street
23 Miami, FL
24 Zip 33131-2145 25 County USA

2a. Mailing Address
26 International Place, Suite 2370
27 100 SE 2 STreet
28 Miami, FL
29 Zip 33131-2145 30 County USA

4. FEI Number: **59-0241300** ☐ 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

PEACOCK JR,HENRY B
51 NW FIRST ST
MIAMI FL 33128-9891

10. Name and Address of New Registered Agent

81 Name: Barbara A. Rickard
82 Street Address (P.O. Box Number is Not Acceptable): International Place, Suite 2370
83 100 SE 2 Street
84 City: Miami, 85 FL Zip Code: 33131-2145

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: Barbara A. Rickard — Barbara A. Rickard, Sec/Treas, 4/21/95
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (If 11. Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HEMMINGS, ARUTHUR I	12 NAME		
STREET ADDRESS	2582 S E 7 COURT	13 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	Homestead, FL 33033-5210	
TITLE	SD	21 TITLE	S/T D	☒ Change ☐ Addition
NAME	RICKARD, BA	22 NAME	Barbara A. Rickard	
STREET ADDRESS	51 N W FIRST STREET	23 STREET ADDRESS	100 SE 2 Street, Suite 2370	
CITY ST ZIP	MIAMI, FLORIDA 00000	24 CITY ST ZIP	Miami, FL 33131-2145	
TITLE	PTD	31 TITLE		☒ Change ☐ Addition
NAME	PEACOCK, HENRY, JR	32 NAME	Delete as deceased 10/30/94	
STREET ADDRESS	51 N W FIRST ST	33 STREET ADDRESS		
CITY ST ZIP	MIAMI, FLORIDA 00000	34 CITY ST ZIP		
TITLE		41 TITLE	V/D	☐ Change ☒ Addition
NAME		42 NAME	Samuel L. Barr, Jr.	
STREET ADDRESS		43 STREET ADDRESS	800 Brickell Avenue, 19th Floor	
CITY ST ZIP		44 CITY ST ZIP	Miami, FL 33131	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Rickard — Barbara A. Rickard 4/21/95 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0205082 CP