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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:48

DOCUMENT # **169467** **(8)**

1. Corporation Name
MOORE INSURANCE AGENCY INC

Principal Place of Business	Mailing Address
8100 OAK LANE DR. SUITE 303 MIAMI LAKES FL 33016 US	C/O CHARLES B. STUZIN 1221 BRICKELL AVE 16TH FLOOR MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1952	01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1221 BRICKELL AVE	26
22 Suite, Apt. #, etc. SUITE 1600	27 Suite, Apt. #, etc.
23 City & State MIAMI, FL.	28 City & State
24 Zip 33131 / 25 Country	29 Zip / 30 Country

4. FEI Number 59-0878054 ☐ 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	10. Name and Address of New Registered Agent
STUZIN, CHARLES B 1221 BRICKELL AVENUE - 16TH FLOOR MIAMI, FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NEW Registered Agent Signature required when appointed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	STUZIN, RUTH E	12 NAME		
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	ASAT	21 TITLE		☐ Change ☐ Addition
NAME	CAMNER, ALFRED R	22 NAME		
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	ASAT	31 TITLE		☐ Change ☐ Addition
NAME	TRILLING, MORTON	32 NAME		
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	VPST	41 TITLE		☒ Change ☐ Addition
NAME	STUZIN, CHARLES BRYAN	42 NAME		
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH ~~AVENUE~~ FLOOR	43 STREET ADDRESS	1221 BRICKELL AVENUE-16th FLOOR	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	ASAT	51 TITLE		☐ Change ☐ Addition
NAME	STUZIN, ROSALYN F.	52 NAME		
STREET ADDRESS	1221 BRICKNELL AVE - 16TH FL	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	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: _____ 1/09/95 (305) 577-0406
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES B. STUZIN, VICE-PRESIDENT

0132000 CP