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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:07

DOCUMENT # P92000004883 (4)

1. Corporation Name
FLORIDA MUTUAL INSURANCE AGENCY INC.

Principal Place of Business
416 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

Mailing Address
416 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0365698 — 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

2. Principal Place of Business
21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

9. **Name and Address of Current Registered Agent**

CARDARELLI, MARY A
416 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

10. **Name and Address of New Registered Agent**

81 Name: CARDARELLI PATRICK
82 Street Address (P.O. Box Number is Not Acceptable): 416 E. SAMPLE Rd.
83 POMPANO
84 City: POMPANO BEACH FL 85 Zip Code: 33064

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: [signature] PATRICK CARDARELLI 1/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	CARDARELLI,, MARY A	1 2 NAME	CARDARELLI,, PATRICK
STREET ADDRESS	416 E. SAMPLE ROAD	1 3 STREET ADDRESS	416 E. SAMPLE Rd
CITY ST ZIP	POMPANO BEACH, FL 33064	1 4 CITY ST ZIP	POMPANO BEACH FL 33064
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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: [signature] PATRICK CARDARELLI — SIGNATURE AND TITLE OF OFFICER OR DIRECTOR — 1/1/95 — 305 786 5250

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