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 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037711

1. Corporate Name

LEGAL INSURANCE OF NORTH AMERICA, INC

Principal Place of Business — Mailing Address

4700 NW 15th. Avenue Bay A
Ft. Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-16-94

3a. Date of Last Report: N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24 Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29 Country

30

4. FEI Number: 65-0496717 — 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 is liable for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Guy. Fronstin
4700 NW 15th. Avenue. Bay A
Ft. Lauderdale FL 33309.

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.0505, 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. Its registered agent has agreed to act in this capacity. I further certify that the corporation has complied with the applicable provisions of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PRESIDENT.
GUY FRONSTIN
4700 NW 15th. Avenue Bay A
Ft. Lauderdale FL 33309.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

S00001471945
-05/02/95--01156--024
****200.00 ****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this 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 I am familiar with the provisions of Chapter 607, Florida Statutes, and that I have complied with the provisions of Chapter 607, Florida Statutes, as amended, which are applicable to this corporation.

SIGNATURE: X, President — 4/25/95 — (305) 489-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy P. Fronstin