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 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **682512** **(9)**

1. Corporation Name
STEPHEN R. MELNICK INSURANCE AGENCY, INC.

Principal Place of Business
10071 PINES BLVD., #B
PEMBROKE PINES FL 33024-3136

Mailing Address
10071 PINES BLVD., #B
PEMBROKE PINES FL 33024-3136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1980
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 217 E Hallandale Bch. Blvd
Suite, Apt. #, etc.
22
City & State
23 Hallandale, FL
Zip 24 33008
County 25 USA

2a. Mailing Address
26 P.O. Box 250
Suite, Apt. #, etc.
27 —
City & State
28 Hallandale, FL
Zip 29 33008
County 30 USA

4. FEI Number: 59-2525204 — 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
MELNICK, STEPHEN R.
10071 PINES BLVD., #B
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
81 Name: Stephen R. Melnick
82 Street Address (P.O. Box Number is Not Acceptable): 10100 NW 13th St.
83
84 City: Plantation FL 33322 FL 85 Zip Code: 33322

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] Stephen R. Melnick 4/29/95
Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SAME as above ☒ Change ☐ Addition
NAME	MELNICK, STEPHEN R	1.2 NAME	
STREET ADDRESS	10071 PINES BLVD., "B"	1.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	HUSKIN, HARRY W.	2.2 NAME	SAME
STREET ADDRESS	10071 PINES BLVD., "B"	2.3 STREET ADDRESS	217 E. Hallandale Bch. Blvd.
CITY, ST, ZIP	PEMBROKE PINES FL	2.4 CITY, ST, ZIP	Hallandale, FL 33008
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, TODD E.	3.2 NAME	SAME
STREET ADDRESS	10071 PINES BLVD., "B"	3.3 STREET ADDRESS	217 E. Hallandale Bch. Blvd.
CITY, ST, ZIP	PEMBROKE PINES FL	3.4 CITY, ST, ZIP	Hallandale, FL 33008
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)(k), Florida Statutes. 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] 4/29/95 Stephen R. Melnick (305) 435-454-3145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0087087 CP