**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 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K72366** **(3)**

1. Corporation Name
**BISCAYNE INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 15175 EAGLE NEST LANE<br>STE 103<br>MIAMI LAKES FL 33014<br>US | 15175 EAGLE NEST LANE<br>STE 103<br>MIAMI LAKES FL 33014<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0100783** ☐ 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 elected to be governed by the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA**
**CAPITOL BUILDING**
**TALLAHASSEE FL 32304**

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 607.325 and 607.1908, 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 607.325, Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| TITLE | DTS | ☐ Change ☐ Addition |
| NAME | SIEDLECKI, ROBERT J. | |
| STREET ADDRESS | 4605 S OCEAN BLVD | |
| CITY, ST, ZIP | BOCA RATON FL | |
| TITLE | DP | ☐ Change ☐ Addition |
| NAME | DAVIS, JOHN P | |
| STREET ADDRESS | 14820 MIAMI LAKEWAY SO | |
| CITY, ST, ZIP | MIAMI LAKES FL | |
| TITLE | D | ☐ Change ☐ Addition |
| NAME | SIEDLECKI, CYNTHIA H. | |
| STREET ADDRESS | 4605 S OCEAN BLVD | |
| CITY, ST, ZIP | BOCA RATON FL | |
| TITLE | D | ☐ Change ☐ Addition |
| NAME | SIEDLECKI, JOHN S | |
| STREET ADDRESS | 19 S MONROE ST | |
| CITY, ST, ZIP | BEVERLY HILLS FL | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

14. I/We hereby certify that the information supplied with this filing is substantially complete 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 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 added by an attachment with an address.

**SIGNATURE:** John P. Davis, President 5/3/95 305-822-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0094163 CP