FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 169467 (8)

1. Corporation Name

MOORE INSURANCE AGENCY INC

Principal Place of Business

1221 BRICKELL AVE.
SUITER 1600
MIAMI FL 33131
US

Mailing Address

C/O CHARLES B. STUZIN
1221 BRICKELL AVE 16TH FLOOR
MIAMI FL 33156

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

3. Date Incorporated or Qualified: **06/23/1952**

3a. Date of Last Report: **01/17/1995**

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**

STUZIN, CHARLES B
1221 BRICKELL AVENUE - 16TH FLOOR
MIAMI, FL
33131

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 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STUZIN, RUTH E	
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASAT	☐ DELETE
NAME	CAMNER, ALFRED R	
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASAT	☐ DELETE
NAME	TRILLING, MORTON	
STREET ADDRESS	1221 BRICKELL AVE., 16TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPST	☐ DELETE
NAME	STUZIN, CHARLES BRYAN	
STREET ADDRESS	1221 BRICKELL AVE., 16TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	ASAT	☐ DELETE
NAME	STUZIN, ROSALYN F.	
STREET ADDRESS	1221 BRICKNELL AVE - 16TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES B. STUZIN, VICE-PRESIDENT

1/17/96
Date

(305) 577-0406
Daytime Phone #

CR2E034 (12/95)