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 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **240846** **(6)**

1. Corporation Name

ADAE & HOOPER INSURANCE, INC.

Principal Place of Business	Mailing Address
% CARY, ELTON M. 12651 S. DIXIE HWY MIAMI FL 33156 US	% CARY, ELTON M. 12651 S. DIXIE HWY MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1960
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-0908832 ☐ 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

CARY,ELTON
12651 S. DIXIE HWY
MIAMI BEACH FL 33156

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SPOONER, NANCY J	1.2 NAME	
STREET ADDRESS	400 402 NE 108TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33161	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARY, ELTON, M.	2.2 NAME	
STREET ADDRESS	12651 S. DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DVC	3.1 TITLE	☒ Change ☐ Addition
NAME	DI BELLA, JOSEPH P.	3.2 NAME	DIRECTOR ILENE CARY
STREET ADDRESS	1475 NORTHVIEW DR #1	3.3 STREET ADDRESS	12651 S. DIXIE HWY
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	ROSEN, HAROLD	4.2 NAME	DIRECTOR L. ASHLEY COKE
STREET ADDRESS	407 LINCOLN ROAD	4.3 STREET ADDRESS	600 N PINE ISLAND RD
CITY ST ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33324
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: Nancy J. Spooner 4-26-95 232-2020
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170012 CP