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 MAR 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 299988 (6)

1. Corporation Name
CARR INSURANCE INC

Principal Place of Business	Mailing Address
12700 BISCAYNE BLVD STE 400 NORTH MIAMI FL 33161 US	12700 BISCAYNE BLVD STE 400 NORTH MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1965
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1111 PARK CENTRE BLVD	26 1111 PARK CENTRE BLVD
Suite, Apt. #, etc. 22 222	Suite, Apt. #, etc. 27 222
City & State 23 MIAMI FL	City & State 28 MIAMI FL
24 Zip 33169 25 Country USA	29 Zip 33169 30 Country USA

4. FEI Number: 59-1113662 ☐ 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

STACY, ROBERT P., JR.
12001 NW 4 ST.
PLANTATION FL 33161

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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARR, WILLIAM H. JR.	1.2 NAME	
STREET ADDRESS	~~12700 BISCAYNE BLVD, #400~~	1.3 STREET ADDRESS	1111 PARK CENTRE BLVD #222
CITY-ST-ZIP	~~N.MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	STACY, ROBERT P JR	2.2 NAME	
STREET ADDRESS	12001 NW 4 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	CARR, JEANETTE L.	3.2 NAME	
STREET ADDRESS	450 NE 127 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 00000	3.4 CITY-ST-ZIP	
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)(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: Jeanette L Carr Mar 8 '95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date
JEANETTE L CARR

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