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 APR 28 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **470606** **(5)**

1. Corporation Name

XYZ INSURANCE, INC.

Principal Place of Business	Mailing Address
LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1975**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-1640724** ☐ 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

MARCIA H. LANGLEY
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	JEFFREY, THOMAS W.	12 NAME	800001472178
STREET ADDRESS	2601 S. BAYSHORE DRIVE	13 STREET ADDRESS	-05/03/95--01008--001
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	***7800.00 ****200.00
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	LANGLEY, MARCIA H.	22 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	FISCHER, JOHN H.	32 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DVC	41 TITLE	☒ Change ☐ Addition
NAME	MIKESH, LINDA A	42 NAME	DV
STREET ADDRESS	2601 S. BAYSHORE DRIVE	43 STREET ADDRESS	Linda A. Mikesh
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	2601 S. Bayshore Drive Miami, FL 33133
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	KLEINERMAN, PETER S.	52 NAME	DVAS
STREET ADDRESS	2601 S. BAYSHORE DRIVE	53 STREET ADDRESS	Julio J. Gonzalez
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	2601 S. Bayshore Drive Miami, FL 33133
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	JBP 4/28
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 4/25/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number
Marcia H. Langley

0134443 CP