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

1. Corporation Name

XYZ INSURANCE, INC.

Principal Place of Business

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

Mailing Address

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

3. Date Incorporated or Qualified: **02/27/1975**

3a. Date of Last Report: **04/28/1995**

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: **59-1640724** — 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

LANGLEY, MARCIA H
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiling) DATE:

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VSD	☑ Change ☐ Addition
NAME	JEFFREY, THOMAS W.		1.2 NAME	Langley, Marcia H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE		1.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	VS	☐ DELETE	2.1 TITLE	VAS	☐ Change ☑ Addition
NAME	LANGLEY, MARCIA H.		2.2 NAME	Goldman, Joel K.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE		2.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	VT	☐ DELETE	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	FISCHER, JOHN H.		3.2 NAME	Carleton, Collis N.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE		3.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	DV	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MIKESH, LINDA A		4.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DVAS	☑ DELETE	5.1 TITLE	700001783493	☐ Change ☐ Addition
NAME	GONZALEZ, JULIO J		5.2 NAME	-04/17/96--01020--038	
STREET ADDRESS	2601 S BAYSHORE DR		5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(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: Joel K. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-12-96 — Daytime Phone #: 305-859-4071