

5-1-97 B - 5964 - C
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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2801 S BAYSHORE DR
MIAMI FL 33133-2461

Mailing Address
LEGAL DEPT. 9TH FLOOR
2801 S BAYSHORE DR
MIAMI FL 33133-5417

3. Date Incorporated or Qualified
02/27/1975

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H
LEGAL DEPT., 9TH FLOOR
2801 S. BAYSHORE DRIVE
MIAMI FL 33133

81 Name JOEL K. GOLDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Dr

9th Floor

84 City Miami

FL

85 Zip Code 33133

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

JOEL K. GOLDMAN

4-11-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME JEFFREY, THOMAS W.
STREET ADDRESS 2801 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE VSD ☒ Change ☐ Addition
1.2 NAME GOLDMAN, JOEL K.
1.3 STREET ADDRESS 2601 S. Bayshore Dr
1.4 CITY-ST-ZIP Miami, FL 33133

TITLE VSD ☐ DELETE
NAME LANGLEY, MARCIA H.
STREET ADDRESS 2801 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE V.A.S. ☒ Change ☐ Addition
2.2 NAME LANGLEY, MARCIA H.
2.3 STREET ADDRESS 2601 S. Bayshore Dr
2.4 CITY-ST-ZIP Miami, FL 33133

TITLE VT ☐ DELETE
NAME FISCHER, JOHN H.
STREET ADDRESS 2801 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE V.D.C./A.S. ☒ Change ☐ Addition
3.2 NAME CARLETON, CALLIS N.
3.3 STREET ADDRESS 2601 S. Bayshore Dr
3.4 CITY-ST-ZIP Miami, FL 33133

TITLE VAS ☐ DELETE
NAME GOLDMAN, JOEL K.
STREET ADDRESS 2801 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME CARLETON, CALLIS N.
STREET ADDRESS 2801 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0178278

CR2E034 (9/96)