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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **485393** **(3)**

1. Corporation Name

ASSURED INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2700 W.OAKLAND PK.BLVD..STE. D FT. LAUDERDALE FL 33311	2700 W.OAKLAND PK.BLVD..STE. D FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **08/19/1975**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1608026** ☐ 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

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

9. Name and Address of Current Registered Agent

OSTROW, ESQ., STEVEN A.
525 N. STATE RD. 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: JANET PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable): 2700 W. OAKLAND PARK BLVD STE B
83
84 City: FT LAUDERDALE **FL** 85 Zip Code: 333 11

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] Janet Phillips 4/25/96
(Signature of Registered Agent) (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	SPEZZANO, LOUIS		1.2 NAME	BLACK, NORMA J.	
STREET ADDRESS	5100 DUPONT BLVD A-7		1.3 STREET ADDRESS	5100 DUPONT BLVD # 7B	
CITY-ST-ZIP	FT LAUDERDALE, FL 0		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			2.2 NAME	SPEZZANO, JOSEPHINE	
STREET ADDRESS			2.3 STREET ADDRESS	5100 DUPONT BLVD # 7B	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			3.2 NAME	SHAW, ESHER M	
STREET ADDRESS			3.3 STREET ADDRESS	5100 DUPONT BLVD # 7B	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	SPEZZANO, ANTHONY J	
STREET ADDRESS			4.3 STREET ADDRESS	5100 DUPONT BLVD # 7B	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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] 4/25/96 (954) 733-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
NORMA J. BLACK, PRESIDENT

CR2E034 (12/95)