

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Lamm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515886 (0)

1. Corporation Name

INSURANCE & FINANCIAL SERVICES, INC.

**APPROVED
AND
FILED**

95 APR 21 AM 8:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**11975 W DIXIE HWY
N MIAMI FL 33161-6144**

Mailing Address

**11975 W DIXIE HWY
N MIAMI FL 33161-6144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1978

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1710983

Applied For

Not Applicable

5. Franchise Fee Paid

\$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. 199.022, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINSTON, LESLEY
11975 W DIXIE HWY
N MIAMI FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PO
WINSTON, LESLEY
11975 W DIXIE HWY
N MIAMI FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

4. TITLE
4. NAME
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4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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5. TITLE
5. NAME
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5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 305-895-1201