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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:14

DOCUMENT # 676246 (2)

1. Corporation Name
SYLOR INSURANCE CORP.

Principal Place of Business	Mailing Address
2525 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2525 HOLLYWOOD BLVD HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1980	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2015574	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

8. Name and Address of Current Registered Agent

BRODY, STANLEY M.
407 LINCOLN ROAD, SUITE #10J
MIAMI BEACH FL 33139

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: 1-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	HIRSCH, LAUREL	1.2 NAME	LAUREL HIRSCH
STREET ADDRESS	2525 HOLLYWOOD BLVD	1.3 STREET ADDRESS	3430 GALT OCEAN DR (1504)
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.4 CITY-ST-ZIP	FT LAUDERDALE, FLORIDA
TITLE	PD	2.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	HIRSCH, SEYMOUR M.	2.2 NAME	SEYMOUR HIRSCH
STREET ADDRESS	2525 HOLLYWOOD BLVD	2.3 STREET ADDRESS	3430 GALT OCEAN DR (1504)
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	FT LAUDERDALE, FLORIDA
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: _____ 1-13-95 (305) 920-5901
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0000640 CP