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

APPROVED AND FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **682512** **(9)**

1. Corporation Name

STEPHEN R. MELNICK INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
10071 PINES BLVD. #B PEMBROKE PINES FL 33024-3136	10071 PINES BLVD. #B PEMBROKE PINES FL 33024-3136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1980
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 217 E. Hallandale Bch. Blvd
22: Suite, Apt. #, etc.
23: City & State: Hallandale, FL
24: Zip: 33008
25: County: USA

2a. Mailing Address
26: P.O. Box 250
27: Suite, Apt. #, etc.: —
28: City & State: Hallandale, FL
29: Zip: 33008
30: County: USA

4. FEI Number: 59-2525204 ☐ 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

MELNICK, STEPHEN R.
10071 PINES BLVD., #B
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

91 Name: Stephen R. Melnick
92 Street Address (P.O. Box Number is Not Acceptable): 16700 NW. 13th St.
93:
94 City: Plantation FL 33322 FL 95 Zip Code: 33322

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] Stephen R. Melnick 4/29/95
Signature(s) and 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	PD	11 TITLE	same as above ☒ Change ☐ Addition
NAME	MELNICK, STEPHEN R	12 NAME	
STREET ADDRESS	10071 PINES BLVD., "B"	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	HUSKIN, HARRY W.	22 NAME	SAME
STREET ADDRESS	10071 PINES BLVD., "B"	23 STREET ADDRESS	217 E. Hallandale Bch. Blvd.
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	Hallandale, FL 33008
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, TODD E.	32 NAME	SAME
STREET ADDRESS	10071 PINES BLVD., "B"	33 STREET ADDRESS	217 E. Hallandale Bch. Blvd.
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	Hallandale, FL 33008
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 added by attachment with an address.

SIGNATURE: [signature] 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Stephen R. Melnick

(305) 435-4545
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