

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:03

DOCUMENT # G67232 (0)

1. Corporation Name

ANNUITY INTERNATIONAL MARKETING CORPORATION

Principal Place of Business

7251 W PALMETTO PARK RD.
BOCA RATON FL 33433

Mailing Address

7251 W PALMETTO PARK RD.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/01/1983	3a. Date of Last Report 02/01/1994
4. FBI Number 22-2490049	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 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1. TITLE	☐ Change ☐ Addition
NAME	CROHN, FRANK T.	12. NAME	
STREET ADDRESS	6001 OLD CLINT MOORE RD	13. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	14. CITY - ST - ZIP	
TITLE	VTD	21. TITLE	☐ Change ☐ Addition
NAME	HOEFT, JERALD D.	22. NAME	
STREET ADDRESS	18674 ANCHOR DRIVE	23. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	24. CITY - ST - ZIP	
TITLE	VSD	31. TITLE	☒ Change ☐ Addition
NAME	RUBERTONE, DONNA J.	32. NAME	
STREET ADDRESS	3725 KINGS WAY	33. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	34. CITY - ST - ZIP	
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 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 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

JERALD R. HOEFT

Date

Day/Month/Year

1/24/95 407-394-9400