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 17 AM 11:39

DOCUMENT # **G77325** **(0)**

1. Corporation Name
PAYLESS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
% LAWRENCE M. KUPFER 1475 N.W. 40TH AVENUE LAUDERHILL FL L. 33313	% LAWRENCE M. KUPFER 1475 N.W. 40TH AVENUE LAUDERHILL FL L. 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1984
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 1217 NW 40th ave.
Suite, Apt. #, etc. 22:
City & State 23: Lauderhill Fl.
Zip 24: 33313 County 25: Broward

2a. Mailing Address
26: 1217 NW 40th ave
Suite, Apt. #, etc. 27:
City & State 28: Lauderhill Fl
Zip 29: 33313 Country 30: Broward

4. FEI Number: 59-2360597 ☐ 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

KUPFER, LAWRENCE M. ESQ.
1700 UNIVERSITY DRIVE SUITE 110
CORAL SPRINGS FL 33071

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 _____
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANNETTE L.	12 NAME	
STREET ADDRESS	10253 VESTAL MANOR	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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/We 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: Annette L. Smith 1/9/95 305-583-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Annette L. Smith

0321861 CP