

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 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H41411 (0)

1. Corporation Name

INTERNATIONAL INSURANCE OF BOCA, INC.

Principal Place of Business

23016 SANDALFOOT PLAZA DR.
BOCA RATON FL 33428

Mailing Address

P.O. BOX 21787
FT. LAUDERDALE FL 33335
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2538931

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 1200 S. FEDERAL HWY
Suite, Apt. #, etc.

2a. Mailing Address

26 1200 S. FEDERAL HWY
Suite, Apt. #, etc.

22 FT. LAUDERDALE, FL
City & State

27
City & State

23
Zip Country

24 33316

25

28 FT. LAUDERDALE, FL
Zip Country

29 33316

30

9. Name and Address of Current Registered Agent

BELLY, ORRIN E
105 S. NARCISSUS AVENUE, #705
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	MARGOLIS, STEVEN P.	23016 SANDALFOOT PL. DR.	BOCA RATON FL
DST	MARGOLIS, ROBERTA	23016 SANDALFOOT PL. DR.	BOCA RATON FL
DVP	MARGOLIS, MARK	23016 SANDALFOOT PL DR	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		1200 S. FEDERAL HWY	FT. LAUDERDALE, FL. 33316	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		1200 S. FEDERAL HWY	FT. LAUDERDALE, FL. 33316	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	DELETE	DELETE	DELETE	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 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 119.07(3)(b), 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 this 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

ROBERTA MARGOLIS SEC. 4/27/95

305-527-2886