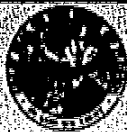


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:04

DOCUMENT # J16750 (8)

1. Corporation Name

KATHY SMITH INSURANCE AGENCY, INC.

Principal Place of Business

**15864 STATE ROAD 84
SUNRISE FL 33326**

Mailing Address

**15864 STATE ROAD 84
SUNRISE FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1986

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0000858

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

**MANISCALO, THOMAS P.
6161 NW 31ST WAY
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

RICK M LEWINGER

82 Street Address (P.O. Box Number is Not Acceptable)

BLECKER, LEWINGER + Co

83

899 W CYPRESS CREEK Rd # 321

84 City

Ft. Lauderdale

85

Zip Code

33309

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, in 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

Kathleen R. Smith

[Signature]

3/23/95

(Signature of Registered Agent and the Corporation)

(Signature of Secretary or Assistant Secretary)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**P
SMITH, KATHLEEN R.
15864 STATE ROAD 84
FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I, the undersigned, 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 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, checked, or on an attachment with an address.

SIGNATURE: *Kathleen R. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Typed Name