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 APR -4 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J32730** **(0)**

1. Corporation Name
ASSOCIATION EMPLOYERS MGA, INC.

Principal Place of Business	Mailing Address
260 WEKIVA SPGS.ROAD P.O.BOX 161629 LONGWOOD FL 32779	260 WEKIVA SPGS.ROAD P.O.BOX 161629 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1986**
3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2739281** ☐ 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

HILL, EUGENE G.
260 WEKIVA SPGS RD
LONGWOOD FL 32779

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSD	1.1 TITLE P/D	☒ Change	☐ Addition
NAME	HILL, EUGENE G.	1.2 NAME		
STREET ADDRESS	23706 OAK VALLEY LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SORENTO FL	1.4 CITY-ST-ZIP	HILL, EUGENE G. 24037 WOLF BRANCH RD. SORRENTO, FL 32776	
TITLE	PD	2.1 TITLE COO	☒ Change	☐ Addition
NAME	SMITH, BOBBY R.	2.2 NAME		
STREET ADDRESS	1306 RICHMOND ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	SMITH, BOBBY R. 1306 RICHMOND RD. WINTER PARK, FL 32789	
TITLE	TD	3.1 TITLE ASST. T.	☒ Change	☒ Addition
NAME	LERNER, RICHARD V	3.2 NAME		
STREET ADDRESS	596 MOURNING DOVE CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	DAVID L. WILLIS 1461 RIVIERA DR. KISSIMMEE, FL 34744	
TITLE	SD	4.1 TITLE CFO/D	☒ Change	☒ Addition
NAME	JASMUND, DAVID	4.2 NAME		
STREET ADDRESS	916 SEVILLE PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	RODNEY P. SPENCER 13720 SW 105 AVENUE MIAMI, FL 33176	
TITLE	VD	5.1 TITLE T/D	☐ Change	☒ Addition
NAME	KRAUSER, DAVID	5.2 NAME		
STREET ADDRESS	2164 TURKEY RUN	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	CLIFFORD W. DONNELLY 13071 MAR STREET CORAL GABLES, FL 33126	
TITLE		6.1 TITLE S	☐ Change	☒ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JOHN A. HAGEMAN 1031 SANDALWOOD LANE FT. LAUDERDALE, FL 33326	

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 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: Eugene H. Hage 3/29/95 407/788-1717
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

004870 CR