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 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80135 (3)

1. Corporation Name

MOORE, CALER, DONTEN & LEVINE, P.A.

Principal Place of Business	Mailing Address
C/O ANTHONY GRAVETT 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US	C/O ANTHONY GRAVIETT 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2831281 — 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. ... Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CALER, WILLIAM K. J
505 S FLAGLER DR, SUITE 900
W PALM BCH 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

12. OFFICERS AND DIRECTORS

Title	DV
Name	DRUKER, SCOTT
Street Address	1228 SKIPTON AVE.
City-St-Zip	W. PALM BEACH FL
Title	DV
Name	MOORE, BARBARA A.
Street Address	2568 CRANDIS RD.
City-St-Zip	W. PALM BEACH FL
Title	DV
Name	LEVINE, JOEL H
Street Address	13654 JONQUIL PL
City-St-Zip	WELLINGTON FL
Title	DV
Name	VEIL, MARK
Street Address	11940 BENYZN ST.
City-St-Zip	PALM BCH GARDENS FL
Title	DP
Name	PORTER, SCOTT L
Street Address	708 KITTYHAWK WAY
City-St-Zip	N PALM BCH FL
Title	DS
Name	CALER JR, WILLIAM K
Street Address	234 DYER RD
City-St-Zip	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Entry	Title	Change	Addition
1		☐	☐
2		☐	☐
3	DP	☒	☐
4	DT	☒	☐
5		☐	☐
6		☐	☐

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)(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 the 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] ANTHONY GRAVETT 5-1-95 407 832-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0242347 CP

J80135

MOORE, CALER, DONTEN & LEVINE, P.A.
CORPORATE ANNUAL REPORT
1995

Officers and Directors

DV
Anthony B. Gravett
9207 150th Court North
Jupiter, FL 33478

DV
David S. Donten
3223-A N. Meridian Way
Palm Beach Gardens, FL 33410

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ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80193 (2)

1. Corporate Name

LEADER INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2640 HOLLYWOOD BLVD. SUITE 217 HOLLYWOOD FL 33020	2640 HOLLYWOOD BLVD. SUITE 217 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0023336** — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANN, DAVID K. **2640 HOLLYWOOD BLVD.** **SUITE 217** **HOLLYWOOD FL 33020**	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**LANN, DAVID K.**	12 NAME	
STREET ADDRESS	**2640 HOLLYWOOD BLVD #217**	13 STREET ADDRESS	
CITY-ST-ZIP	**HOLLYWOOD FL**	14 CITY-ST-ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**LANN, IRA J.**	22 NAME	
STREET ADDRESS	**2640 HOLLYWOOD BLVD #217**	23 STREET ADDRESS	
CITY-ST-ZIP	**HOLLYWOOD FL**	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 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(1) title, 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: David Lann, President — 4/28/95 — 305 922 9206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0000173 CP