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 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K25663 (1)

1. Corporation Name

INTERNATIONAL INSURANCE OF EAST BOCA, INC.

Principal Place of Business	Mailing Address
7491 C-11 NO. FED. HWY BOCA RATON FL 33487	P O BOX 21787 FT LAUDERDALE FL 33335 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1988

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business

21 1200 S.FEDERAL HWY
Suite, Apt. #, etc.
22
City & State
23 FT. LAUDERDALE,FL
Zip 24 33316 County 25 USA

2a. Mailing Address

26 1200 S. FEDERAL HWY
Suite, Apt. #, etc.
27
City & State
28 FT. LAUDERDALE, FL.
Zip 29 33316 Country 30 USA

4. FEI Number: 65-0056168 ☐ 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

ORRIN, BEILLY E
105 S NARCISSUS AVE
705
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 _____ 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	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	MARGOLIS, STEVEN P.	1.2 NAME		
STREET ADDRESS	7491 C-11 NO. FED. HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	1200 S. FEDERAL HWY FT. LAUDERDALE, FL 33316	
TITLE	DST	2.1 TITLE		☒ Change ☐ Addition
NAME	MARGOLIS, ROBERTA B.	2.2 NAME		
STREET ADDRESS	7491 C-11 NO. FED. HWY	2.3 STREET ADDRESS	1200 S. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE,FL 33316	
TITLE	DVP	3.1 TITLE		☒ Change ☐ Addition
NAME	MARGOLIS, MARK	3.2 NAME	DELETE	
STREET ADDRESS	7491 C-11 NO FED HWY	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	DELETE	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(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: _____ ROBERTA MARGOLIS Sec 4/27/95 305-527-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0434443 FP