

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K46117 (3)

1. Corporation Name

CLARION INSURANCE AGENCY, INC.



Principal Place of Business

4495 SW 67 TERR
SUITE 207
DAVIE FL 33314
US

Mailing Address

4495 SW 67 TERR
SUITE 207
DAVIE FL 33314
US

3. Date Incorporated or Qualified
11/18/1988

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

21 292 S. UNIVERSITY DR
Suite, Apt. #, etc.

2a. Mailing Address

26 292 S. UNIVERSITY DR
Suite, Apt. #, etc.

4. FEI Number

65-0090566

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

City & State

23 Plantation, Florida

Zip

24 3332

Country

25 Broward

City & State

28 Plantation, Florida

Zip

29 33324

Country

30 Broward

9. Name and Address of Current Registered Agent

BURTON, LINDA F
6000 SW 13 STR
PLANTATION FL 33317

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

Linda F. Burton

Linda F. Burton

1-25-96

Signature of typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME PRESANT, MARTIN
STREET ADDRESS 1915 BRICKELL AVE C 508
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE President
NAME Linda F. Burton
STREET ADDRESS 6000 SW 13 ST
CITY-ST-ZIP Plantation, FL 33317
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME MARTIN PRESANT
1.3 STREET ADDRESS 4400 Palm Lane
1.4 CITY-ST-ZIP MIAMI, FL 33137
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(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 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

Linda F. Burton *Linda F. Burton*

1-25-96 954-423-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)