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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 9:02

DOCUMENT # K46895 (4)

1. Corporation Name
INSURANCE WORLD FRANCHISOR, INC.

Principal Place of Business	Mailing Address
%LOWELL M. ENLOW 628 W. KING STREET COCOA FL 32922	984 S. US 1 628 W. KING STREET ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 984 S. U.S. 1
Suite, Apt. #, etc.
22
23 City & State: ROCKLEDGE, FL
24 Zip: 32955 25 Country: U.S.A.

2a. Mailing Address
26 984 S. U.S. 1
Suite, Apt. #, etc.
27
28 City & State: ROCKLEDGE, FL
29 Zip: 32955 30 Country: U.S.A.

4. FEI Number: 59-2918935 ☐ 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

ENLOW, LOWELL M.
628 W. KING STREET
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 984 S. U.S. 1
83
84 City: ROCKLEDGE FL 85 Zip Code: 32955

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: Lowell M. Enlow LOWELL M. ENLOW (Typed or printed name of registered agent and title if agent is corporation) (Registered Agent's signature required when name changed) DATE: 2/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	ENLOW, LOWELL M.	1 NAME	
1 STREET ADDRESS	234 MARIAH CT.	1 STREET ADDRESS	
1 CITY ST ZIP	MERRITT ISLAND FL	1 CITY ST ZIP	
2 TITLE	VP	2 TITLE	☐ Change ☐ Addition
2 NAME	SMITH, STEPHEN M.	2 NAME	
2 STREET ADDRESS	1147 N HALIFAX DR.	2 STREET ADDRESS	
2 CITY ST ZIP	DAYTONA BCH. FL	2 CITY ST ZIP	
3 TITLE	S	3 TITLE	☒ Change ☐ Addition
3 NAME	LUCAS, STEVEN W.	3 NAME	NO LONGER AN OFFICER OR DIRECTOR
3 STREET ADDRESS	214 TIMBERCOVE CIR.	3 STREET ADDRESS	
3 CITY ST ZIP	LONGWOOD FL	3 CITY ST ZIP	
4 TITLE	VP	4 TITLE	☐ Change ☐ Addition
4 NAME	HAZY, VICTOR	4 NAME	
4 STREET ADDRESS	6025 NW 58TH PL	4 STREET ADDRESS	
4 CITY ST ZIP	GAINESVILLE FL	4 CITY ST ZIP	
5 TITLE	T	5 TITLE	☐ Change ☐ Addition
5 NAME	DOBRY, HAL	5 NAME	
5 STREET ADDRESS	10 MARTINIQUE COVE	5 STREET ADDRESS	
5 CITY ST ZIP	PALM BCH GARDENS FL	5 CITY ST ZIP	
6 TITLE	D	6 TITLE	☐ Change ☐ Addition
6 NAME	MALONE, JAMES M.	6 NAME	
6 STREET ADDRESS	2635 DUPONT AVENUE	6 STREET ADDRESS	
6 CITY ST ZIP	JACKSONVILLE FL	6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate 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 with an address.

SIGNATURE: Lowell M. Enlow LOWELL M. ENLOW 2/24/95 407-727-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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