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 25 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48246 (8)

1. Corporation Name

INSURANCE WORLD OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
628 WEST KING STREET COCOA FL 32922	832 N DIXIE HWY LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1988

3a. Date of Last Report: 02/18/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

County — 30

4. FEI Number: 65-0082525 ☐ 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

DOBRY, HAL
10 MARTINIQUE COVE
PB GARDENS FL 33418

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 name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ENLOW, LOWELL M.	1.2 NAME	
STREET ADDRESS	234 MARIAH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, STEPHEN M.	2.2 NAME	
STREET ADDRESS	1147 N HALIFAX DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, JAMES M.	3.2 NAME	
STREET ADDRESS	2635 DUPONT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DOBRY, HAL	4.2 NAME	
STREET ADDRESS	10 MARTINIQUE COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PB GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, STEVEN W.	5.2 NAME	
STREET ADDRESS	214 TIMBERCOVE CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	HAZY, VICTOR	6.2 NAME	
STREET ADDRESS	6025 NW 58TH PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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)(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: _____ 4/21/95 407-588-7283

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

000710 CP