

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

APPROVED
AND
FILED

MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72366 (3)

1. Corporation Name
BISCAYNE INSURANCE COMPANY

Principal Place of Business 15175 EAGLE NEST LANE STE 103 MIAMI LAKES FL 33014 US	Mailing Address 15175 EAGLE NEST LANE STE 103 MIAMI LAKES FL 33014 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	26. Mailing Address 26
3. Suite Apt # etc. 22	3. Suite Apt # etc. 27
4. City & State 23	4. City & State 28
5. Zip 24	5. Zip 29
6. Country 25	6. Country 30

3. Date Incorporated or Qualified 03/13/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0100783	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. 190.01, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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 607.0206 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.0206, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME DTS SHEDLECKI, ROBERT J.	1. NAME	☐ Change	☐ Addition
2. STREET ADDRESS 4605 S OCEAN BLVD	2. STREET ADDRESS		
3. CITY, ST, ZIP BOCA RATON FL	3. CITY, ST, ZIP		
4. NAME DP DAVIS, JOHN P	4. NAME	☐ Change	☐ Addition
5. STREET ADDRESS 14820 MIAMI LAKEWAY SO	5. STREET ADDRESS		
6. CITY, ST, ZIP MIAMI LAKES FL	6. CITY, ST, ZIP		
7. NAME D SHEDLECKI, CYNTHIA H.	7. NAME	☐ Change	☐ Addition
8. STREET ADDRESS 4605 S OCEAN BLVD	8. STREET ADDRESS		
9. CITY, ST, ZIP BOCA RATON FL	9. CITY, ST, ZIP		
10. NAME D SHEDLECKI, JOHN S	10. NAME	☐ Change	☐ Addition
11. STREET ADDRESS 19 S MONROE ST	11. STREET ADDRESS		
12. CITY, ST, ZIP BEVERLY HILLS FL	12. CITY, ST, ZIP		
13. NAME	13. NAME	☐ Change	☐ Addition
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY, ST, ZIP	15. CITY, ST, ZIP		
16. NAME	16. NAME	☐ Change	☐ Addition
17. STREET ADDRESS	17. STREET ADDRESS		
18. CITY, ST, ZIP	18. 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 190.01(1)(b), Florida Statutes. I further certify that the information included 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 1 of Block 13 if changed or by an attachment with an affidavit.

SIGNATURE: *John P. Davis* **John P. Davis, President 5/2/95 305-228-4860**