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 MAR 23 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86718 (9)

1. Corporation Name
MASON INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
WILLIAM MASON, JR. 7837 W. SAMPLE RD., STE 101 CORAL SPRINGS FL 33065 US	3261 COCOPLUM CIR. APT. 3335 COCONUT CREEK FL 33063 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1989
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7845 W Sample Rd	26 7845 W Sample Rd
Suite, Apt. #, etc. 22 Suite 182	Suite, Apt. #, etc. 27 Suite 182
City & State 23 Coral Springs	City & State 28 Coral Springs
Zip 24 33065 Country 25 Broward	Zip 29 33065 Country 30 Broward

4. FEI Number: 65-0131374 ☐ 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

MASON, WILLIAM JR.
2968 NW 103 LANE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: William E Mason Jr
82 Street Address (P.O. Box Number is not Acceptable)
83 3156 NW 68th Street
84 City: Ft Lauderdale FL 85 Zip Code: 33309

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: William E Mason Jr William E Mason Jr Pres 3-2-95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Pres	☒ Change ☐ Addition
NAME	MASON, WILLIAM JR.	1.2 NAME	MASON William Jr	
STREET ADDRESS	3261 COCOPLUM CIR.	1.3 STREET ADDRESS	3156 NW 68th Street	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	Ft Lauderdale Fla 33309	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	MASON, THERESA	2.2 NAME	MASON Theresa	
STREET ADDRESS	3261 COCOPLUM CIR.	2.3 STREET ADDRESS	3156 NW 68th Street	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	Ft Lauderdale	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	MASON, WILLIAM III	3.2 NAME		
STREET ADDRESS	1410 NW 129TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP		
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: William E Mason William E Mason Jr Pres 3-2-95 305 971-4054
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0106900 CR