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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:33

DOCUMENT # K91239 (9)

1. Corporation Name
HAFT INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
9900 WEST SAMPLE ROAD 313 CORAL SPRINGS FL 33065 US	9900 WEST SAMPLE ROAD 313 CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1989
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21 5315 NW 108TH WAY
Suite, Apt. #, etc. 22
City & State 23 CORAL SPRINGS FL
Zip 24 33076 Country 25 USA

2a. Mailing Address
26 5315 NW 108TH WAY
Suite, Apt. #, etc. 27
City & State 28 CORAL SPRINGS FL
Zip 29 33076 Country 30 USA

4. FEI Number: 65-0121007 ☐ 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

HAFT, MINDY S.
9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: GARY S. HAFT
82 Street Address (P.O. Box Number is Not Acceptable): 5315 NW 108TH WAY
83
84 City: CORAL SPRINGS 85 FL Zip Code: 33076

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: Gary Haft GARY HAFT 1/25/95
Signature of current 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HAFT, GARY S.	1.2 NAME	
STREET ADDRESS	5315 NW 108TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HAFT, MINDY S.	2.2 NAME	
STREET ADDRESS	5315 NW 108TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: Gary Haft GARY HAFT 1/25/95 (305) 345-8115
DIGITAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100080 CP