

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 JAN 30 AM 10: 05

DOCUMENT # K94296

(6)

1. Corporation Name

INSURANCE U.S.A. SERVICES, INC.

Principal Place of Business

22336 BOYACA AVE
BOCA RATON FL 33433-4625
US

Mailing Address

C/O MICHAEL A. LAMPERT, ESQ.
2161 PALM BEACH LAKES BLVD., SUITE 900
WEST PALM BEACH FL 33409-0642

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1989

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0127985

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMPERT, MICHAEL A., ESQ.

2161 PALM BEACH LAKES BLVD., SUITE #900

WEST PALM BEACH FL 33409

81 Name

Michael A. Lampert

82 Street Address (P.O. Box Number is Not Acceptable)

1655 Palm Beach Lakes Blvd, Suite #900

83

84 City

West Palm Beach

FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of Section 607.0503, Florida Statutes, as the registered agent of the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Michael A. Lampert
Signature, typed or printed name of registered agent and not a trademark.

(NOTE: Registered Agent signature required when restate is required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TUCKER, DANIEL
STREET ADDRESS	22336 BOYACA AVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 or on an attachment with an address.

SIGNATURE:

Daniel R. Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/25/95
Date

407-845-1997
Telephone Number