FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **L37352** **(6)**

1. Corporation Name

KORNREICH INSURANCE SERVICES (FLORIDA), INC.

Principal Place of Business

% LOUIS LEIBOVIT
350 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

% LOUIS LEIBOVIT
350 ROYAL PALM WAY
PALM BEACH FL 33480

3. Date Incorporated or Qualified: **12/18/1989**

3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0170973** ☐ 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

LEIBOVIT, LOUIS
350 ROYAL PALM WAY
PALM BEACH FL 33480

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 Section 607.0505 and 607.1504, 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 changes were 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 _____ Typed or printed name of registered agent _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	13.1 TITLE		☐ Change ☐ Addition
NAME	KORNREICH, MATTHEW R.		13.2 NAME		
STREET ADDRESS	420 PRIMAVERA WAY		13.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		13.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	KORNREICH, JAMES D.		22 NAME		
STREET ADDRESS	919 THIRD AVENUE		23 STREET ADDRESS	521 5th Avenue	
CITY-ST-ZIP	NEW YORK N.Y.		24 CITY-ST-ZIP	New York, NY 10175	
TITLE	VD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	KORNREICH, WILLIAM D.		32 NAME		
STREET ADDRESS	919 THIRD AVENUE		33 STREET ADDRESS	521 5th Avenue	
CITY-ST-ZIP	NEW YORK N.Y.		34 CITY-ST-ZIP	New York, NY 10175	
TITLE	D	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	KORNREICH, THOMAS A.		42 NAME		
STREET ADDRESS	919 THIRD AVENUE		43 STREET ADDRESS	521 5th Avenue	
CITY-ST-ZIP	NEW YORK N.Y.		44 CITY-ST-ZIP	New York, NY 10175	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. To the best of my knowledge, 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 added to the report or on an attachment with an address.

SIGNATURE: Matthew R. Kornreich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Matthew R. Kornreich, President

January 31, 1996
Date

407-833-0044
Daytime Phone #