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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
[illegible] 9:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61180** **(0)**

1. Corporate Name
CONCEPT UNDERWRITERS INC.

Principal Place of Business
~~999 W. CAMINO GDNS BLVD~~
~~STE 300~~
BOCA RATON FL 33432
US

Mailing Address
P.O BOX 366
BOCA RATON FL 33429
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 03/29/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 399 W. Camino Gdns Blvd
Suite Apt # etc
22 SUITE 300
City & State
23 BOCA RATON FL
24 33432 25 US

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

4. FEI Number: 65-0231877 — 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. Is organization qualified to transact business in Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CAMINITI, JEFF
1421 NE 28TH PL
WILTON MANORS FL 33334

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 [illegible] 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. The business address of the registered agent and the address of the registered office are identical. I hereby accept the appointment as registered agent and am familiar with and accept the obligations of the position as provided for in Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	PD
NAME	CAMINITI, JEFF
STREET ADDRESS	1421 NE 28TH PL
CITY ST ZIP	WILTON MANORS FL

13. ADDITIONAL OFFICERS TO BE ADDED OR DELETED

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. The undersigned certify that the information contained with this report is accurate and complete, and 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in accordance with filing with the Division.

SIGNATURE: Jeffrey L. Caminiti, Pres 3/13/95 407 368-3113
SIGNATURE AND TITLE OF CHAIRMAN OF BOARD OF OFFICER OR DIRECTOR

0434941 FP