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 APR 21 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M85800** **(4)**

1. Corporation Name

LIFTON INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
5241 WINDSOR PARK DR. BOCA RATON FL 33496	5241 WINDSOR PARK DR. BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/16/1988	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 Boca Raton	26 7301 W. PALMETTO PK. RD #207A
Suite, Apt. #, etc. 22 207-A	Suite, Apt. #, etc. 27 207A
City & State 23 Boca Raton, FL.	City & State 28 Boca Raton, FL
Zip / Country 24 33433 / 25 PALM BEACH	Zip / Country 29 33433 / 30 PALM BEACH

4. FEI Number: 65-0059083 ☐ 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	10. Name and Address of New Registered Agent
LIFTON, LEWIS 5241 WINDSOR PARK DR. BOCA RATON FL 33496	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 607.0502 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 Lewis Lifton
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	DP	1.1 TITLE	V.P.	☐ Change ☒ Addition
NAME	LIFTON, LEWIS	1.2 NAME	EDWARD. LIFTON	
STREET ADDRESS	~~5241 WINDSOR PARK DR.~~ 5361 STEEPLECHASE	1.3 STREET ADDRESS	7331 N.W. 48 CT	
CITY-ST-ZIP	~~BOCA RATON FL~~ Boca Raton, FL. 33496	1.4 CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		2.1 TITLE	SEC/	☐ Change ☒ Addition
NAME		2.2 NAME	DEBRA LIFTON	
STREET ADDRESS		2.3 STREET ADDRESS	7331 N.W. 48 CT	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		3.1 TITLE	TREAS.	☐ Change ☒ Addition
NAME		3.2 NAME	JANICE LUCAS	
STREET ADDRESS		3.3 STREET ADDRESS	1101 N.W. 95 DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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)(k), 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: Lewis Lifton 4/19/95 407-395-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0891091 CP