FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 AM 8:14

DOCUMENT # N94000003892 (6)

1. Corporation Name

INSURANCE ASSOCIATION FOR PREVENTION OF CRUELTY TO AGENTS, INC.

Principal Place of Business	Mailing Address
5300 NW 33RD AVE SUITE 215 FT LAUDERDALE FL 33309	5300 NW 33RD AVE SUITE 215 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0546110 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	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
KOENIGSBERG, MICHAEL 5300 NW 33RD AVE SUITE 215 FT LAUDERDALE FL 33309	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KOENIGSBERG, MICHAEL	12 NAME	
STREET ADDRESS	5300 NW 33RD AVE SUITE 215	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOENIGSBERG, SUSAN	22 NAME	
STREET ADDRESS	5300 NW 33RD AVE SUITE 215	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOLF, EDWARD J CLU	32 NAME	
STREET ADDRESS	338 BELLEVILLE ST	33 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70114	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DOES, KENNETH V	42 NAME	
STREET ADDRESS	120 WASHINGTON AVE SUITE 205	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REID, CARLTON R	52 NAME	
STREET ADDRESS	1345 NE 204TH TER	53 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MACKEY, KENNETH	62 NAME	
STREET ADDRESS	PO BOX 4983 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	MARRIETTA GA 30061	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Michael Koenigsberg 4/27/95 305-485-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000731