FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007348 (5)

1. Corporate Name
CARR INSURANCE PROPERTIES, INC.

Principal Place of Business
12700 BISCAYNE BLVD
N MIAMI FL 33181

Mailing Address
12700 BISCAYNE BLVD
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0387551 — Applied For / Not Applicable

2. Principal Place of Business: SAME ABOVE
Suite, Apt. #, etc.: 204 (PLEASE ADD)
City & State:
Zip: Country:

2a. Mailing Address: SAME ABOVE
Suite, Apt. #, etc.: 204 (PLEASE ADD)
City & State:
Zip: Country:

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
CARR, WILLIAM H JR
12700 BISCAYNE BLVD
N MIAMI FL 33181

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
S	STACY, ROBERT P	12700 BISCAYNE BLVD	N MIAMI FL
T	CARR, JEANETTE L	12700 BISCAYNE BLVD	N MIAMI FL
P	CARR, WILLIAM H JR	12700 BISCAYNE BLVD	N MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change / Addition	Entry
☒ Addition	SUITE 204
☒ Addition	SUITE 204
☒ Addition	SUITE 204

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(1)(i), Florida Statutes. I further certify that the information indicated on this 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: Jeanette L Carr — JEANETTE L CARR, TREAS. — 4/28/95 — (305) 893 4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0100512 CP