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 MAY -1 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006440 (0)

1. Corporation Name
AVENTURA INSURANCE - SENIOR CITIZEN INSURANCE CENTER, INC.

Principal Place of Business
17971 BISCAYNE BLVD #107
AVENTURA FL 33160

Mailing Address
21280 BISCAYNE BLVD.
1101
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 21280 BISCAYNE BLVD.
Suite, Apt. #, etc.
22 # 1101
City & State
23
Zip 24 33180 Country 25

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

4. FEI Number: [illegible] ☑ 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
STEWART, DENNIS
21280 BISCAYNE BLVD., #101
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 21280 BISCAYNE BLVD.
83 # 1101
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: DENNIS STEWART 4-20-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required after restating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, DENNIS	1.2 NAME	
STREET ADDRESS	17971 BISCAYNE BLVD #107	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33160	1.4 CITY ST ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, LINDA	2.2 NAME	
STREET ADDRESS	17971 BISCAYNE BLVD #107	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33160	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
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	

$87 6/19

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: 4-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Check #
DENNIS STEWART

0197108 CP

PG3 — 6440

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
AVENTURA INSURANCE - SENIOR CITIZEN INSURANCE CENTER, INC.

2 Trade name of business, if different from name in line 1
AVENTURA INSURANCE

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
21280 BISCAYNE BLVD. # 1101

5a Address of business (See instructions.)

4b City, state, and ZIP code
AVENTURA, FL 33180-1243

5b City, state, and ZIP code

6 County and state where principal business is located
DADE FLORIDA

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ DENNIS STEWART

8a Type of entity (Check only one box.) (See instructions.)
- ☐ Individual SSN
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate
- ☐ Plan administrator SSN
- ☒ Other corporation (specify) insurance
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

If nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country | State

9 Reason for applying (Check only one box.)
- ☐ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify) ▶ checking
- ☐ Other (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
01/22/95

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ N/A

13 Enter highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (See instructions.) ▶ INSURANCE

15 Is the principal business activity manufacturing? ☐ Yes ☐ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale)

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No ☐ N/A
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.
True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ DENNIS STEWART, PRESIDENT

Telephone number (include area code)

Signature ▶ [signature]

Date ▶ 4/1/95

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions.

Cat. No. 16055N Form **SS-4** (Rev. 4-91)