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 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011977 (4)

1. Corporate Name
SOUTH FLORIDA INSURANCE, INC.

Principal Place of Business	Mailing Address
5975 SUNSET DR. PH 802 S. MIAMI FL 33143	5975 SUNSET DR. PH 802 S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0394590	☐ 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	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) County (25) / Zip (29) County (30)

9. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M ESQ
5975 SUNSET DR.
PH 802
S. MIAMI FL 33143

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 Sections 607.0502 and 607.0505, 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 _____

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
D MCLELLAN, ANTHONY ~~% 5975 SUNSET DR. PH 802~~ ~~S. MIAMI FL 33143~~	☐ Change ☐ Addition 17994 SW 97 Avenue Miami, Florida 33157
D ALENIERN, CHARLES DR ~~% 5975 SUNSET DR. PH 802~~ ~~S. MIAMI FL 33143~~	☐ Change ☐ Addition 17994 SW 97 Avenue Miami, Florida 33157
D WOOD, CHRISTOPHER ~~% 5975 SUNSET DR. PH 802~~ ~~S. MIAMI FL 33143~~	☐ Change ☐ Addition 17994 SW 97 Avenue Miami, Florida 33157
D SUMMERS, JEROME DR ~~% 5975 SUNSET DR. PH 802~~ ~~S. MIAMI FL 33143~~	☐ Change ☐ Addition 17994 SW 97 Avenue Miami, Florida 33157
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 above, or on an attachment with an address.

SIGNATURE: Dr. Jerome Summers, Director 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Dr. Jerome Summers

0164174 CP