

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *Mid-Atlantic Insurance Corp.*  
1. Corporation Name

*993000025238*

400001837474  
-05/23/96--01080--039  
\*\*\*200.00

Principal Place of Business

Mailing Address

*9655 South Dixie Highway*

*Suite # 101 Miami, FL 33156*

2. Principal Place of Business

2a. Mailing Address

21 *Same*  
Suite, Apt. #, etc.

26  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

25

*USA*

29 Zip

Country

30

3. Date Incorporated or Qualified

3a. Date of Last Report

*MARCH 1993*

*1995*

4. FEI Number

*65-0397667*

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

*JEFFREY FELDMAN*  
*9655 SOUTH DIXIE HIGHWAY #101*  
*MIAMI, FL 33156*

81 Name *JEFFREY FELDMAN*

82 Street Address (P.O. Box Number is Not Acceptable)  
*9655 SOUTH DIXIE HWY #101*

83

84 City *MIAMI*

FL

85 Zip Code  
*33156*

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

*Jeffrey Feldman*

*4/1/96*

Signature typed or printed name of registered agent is acceptable if applicable

(Not Registered Agent Signature required when reappointing)

DATE

12 OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE  
NAME *JEFF FELDMAN PRESIDENT*  
STREET ADDRESS *9655 S. DIXIE HWY #101*  
CITY-ST-ZIP *MIAMI FL 33156*

☐ DELETE

12.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

12.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey Feldman*

*4-18-96 305-663-7311*

Date

Daytime Phone #

CR2E034 (12/95)