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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:29

DOCUMENT # P93000045806 (5)

1. Corporation Name
PROFESSIONAL INSURANCE EDUCATION, INC.

Principal Place of Business
2941 W SR 434
SUITE 400
LONGWOOD FL 32779

Mailing Address
2941 W SR 434
SUITE 400
LONGWOOD FL 32779

Do NOT Write in This Space

3. Date of Incorporation or Qualification: 06/24/1993
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-3193810 — Applied For / Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip 24 / Country 25
Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.043, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANSEN, ANN
2941 W SR 434
SUITE 400
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☐ Change ☐ Addition
NAME	KAYEA, RAYMOND F JR	12 NAME	
STREET ADDRESS	5207 S ATLANTIC AVE #1025	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RICHARD O	22 NAME	
STREET ADDRESS	2941 W SR 434 SUITE 400	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KLEIDERER, CHARLES W	32 NAME	
STREET ADDRESS	5207 S ATLANTIC AVE #1026	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	34 CITY-ST-ZIP	
TITLE	PSD	41 TITLE	☐ Change ☐ Addition
NAME	HANSEN, ANN	42 NAME	
STREET ADDRESS	2941 W SR 434 SUITE 400	43 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD H FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	SCHRENKER, JOHN	52 NAME	
STREET ADDRESS	3404 CALUMET DR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true, complete and does not qualify for the exemption listed in s. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: _____ 2/13/95 407-660-1853
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
Ann E. Hansen / President

0044061 CP