2005 FOR PROFIT CORPORATION

Feb 15, 2005 8:00 am **Secretary of State** ANNUAL REPORT 02-15-2005 90018 038 ***150.00 DOCUMENT # P94000011773 ASSOCIATED INSURANCE, INC. Principal Place of Business Mailing Address 12 E. OAKLAND PARK BLVD. 250 JACARANDA DRIVE FT. LAUDERDALE, FL 33305 #110 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0469344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUKES, SAMUEL S Street Address (P.O. Box Number is Not Acceptable) 250 JACARANDA DRIVE, #110 PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST TITLE TITLE ☐ Delete ☐ Change ☐ Addition RIFFE, SHARON NAME NAME STREET ADDRESS 7061 N.W. 10TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33313 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE -----Change _ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS

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TITLE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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☐ Delete

☐ Change

Addition

FILED

40018563



Division of Corporations

Annual Report

P9400011773

Business Entity Name
ASSOCIATED INSURANCE, INC.

FEI Number	650469344
FEI Number Status	○ Applied For ○ Not Applicable
Certificate of Status Desired Election Campaign Financing Tontribution	C Yes • No \$8.75 each
Princip	oal Place of Business
Address	12 E. OAKLAND PARK BLVD.
Suite, Apt. #, etc.	
City, State	FT. LAUDERDALE , FL
Zip Code & Country	33305
Address	Tailing Address 250 JACARANDA DRIVE
Suite, Apt. #, etc.	#110
City, State Zip Code & Country	PLANTATION , FL 33324 US
Name And A	ddress of Registered Agent
Name (Last, First, Middle, Tit	
-or- RA Business Name	
Address	250 JACARANDA DRIVE, #110
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33324 US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT 40018563

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 $\frac{4794000011773}{\text{In the 'Registered Agent Signature' block below to accept the designation of}}$ registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

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Division of Corporations	ATTACHMENT 40018563 Page 3 of 3	
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	n individual signing on behalf of an entity me in the 'Officer/Director Signature' block llowed in this block.	
Officer/Director Signature X Sparan Julies		
This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.		
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	Start Over.	

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