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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024209 (6)

1. Corporation Name

INGRID & ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
102 MAPLEWOOD DRIVE W PALM BEACH FL 33415	102 MAPLEWOOD DRIVE W PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994	3a. Date of Last Report
2. Principal Place of Business: 21 2669 Forest Hill Blvd.	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 SUITE 220	Suite, Apt. #, etc.: 27
City & State: 23 WPB, FL	City & State: 28
Zip: 24 33406 — County: 25 PB	Zip: 29 — Country: 30

4. FEI Number: 65-0486432 ☐ 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
DATENA, INGRID 102 MAPLEWOOD DRIVE W PALM BEACH FL 33415	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 607.1508, 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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1 1 TITLE	☐ Change ☐ Addition
NAME	DATENA, INGRID	1 2 NAME	
STREET ADDRESS	102 MAPLEWOOD DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33415	1 4 CITY ST ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	DATENA, JOSE E	2 2 NAME	
STREET ADDRESS	102 MAPLEWOOD DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33415	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	

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] INGRID DATENA — 4-26-95 — 407-6978090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0253321 CP