

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:40

DOCUMENT # P94000038343 (7)

1. Corporation Name

AVOUS INSURANCE AGENCY, INC.

Principal Place of Business

1900 GLADES RD
SUITE 280
BOCA RATON FL 33431

Mailing Address

1900 GLADES RD
SUITE 280
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 2255 GLADES RD

2a. Mailing Address

26 2255 GLADES RD

Suite, Apt. #, etc

22 324 A

Suite, Apt. #, etc

27 324 A

City & State

23 BOCA RATON, FLA

City & State

28 BOCA RATON, FLA

24 33431

25 USA

29 33431

30 USA

4. FEI Number

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 taxes under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, KEVIN F ESO
1551 FORUM PL SUITE 300-C
WEST PALM BEACH FL 33401

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 (typed or printed name of registered agent and then of signatory)

Signature (typed or printed name of registered agent and then of signatory)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
HOROWITZ, MARK D
1900 GLADES RD SUITE 280
BOCA RATON FL 33431

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
MARK D HOROWITZ
2255 GLADES RD SUITE 324 A
BOCA RATON, FLA 33431

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
CACCIAGUDA, MARK
1499 PALMETTO PARK RD SUITE 210
BOCA RATON FL 33486

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
HOLTZ, LEON
1061 NW 204TH TER
NORTH MIAMI BEACH FL 33179

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
D
RICHARD A BOLTON
190 IVES DAWY RD SUITE 206
N MIAMI BCH, FLA 33179

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I certify hereby that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(2)(b), Florida Statutes. I further certify that the information included 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 this 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 of this filing. I am attaching an attachment with an address.

SIGNATURE:

Mark D Horowitz

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4/27/95

407 989 5444

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000333

1. Corporation Name

DAVID COOK AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

200 EAST LAS OLAS BOULEVARD #1630
FORT LAUDERDALE, FL 33301

900001481339

-05/09/95--01111--022

****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/1/94

3a. Date of Last Report

N/A

4. FEI Number

52-1500003

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. 100.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. N/A

2a. Mailing Address

26. N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

FRANCIS B. BROGAN JR.
515 E. LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. 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. *same agent presently on file (Frank Brogan)*

SIGNATURE

(Signature) Printed or printed name of registered agent and chief executive officer

(Signature) Registered Agent Signature (printed name) (date)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: DAVID G. COOK
STREET ADDRESS: 200 NE 14 Avenue NW, #15
CITY, ST, ZIP: Fort Lauderdale, FL 33301

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 registered agent employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Cook

4/26/95

(305) 764-2070