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 APR 21 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039458 (2)**

1. Corporation Name
SERVICE INSURANCE ASSOCIATES OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
5301 N FEDERAL HWY SUITE 150 BOCA RATON FL 33487	5301 N FEDERAL HWY SUITE 150 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 500 NE Spanish River Blvd
22 Suite, Apt. #, etc.: Suite #15
23 City & State: Boca Raton, Fl
24 Zip: 33431
25 County: USA

2a. Mailing Address
27: 5356 Lake Osborne Dr
28 City & State: Lake Worth Fl
29 Zip: 33461
30 County: USA

4. FEI Number: 65 0499454 ☐ 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

RANDALL, CHARLES P
5301 N FEDERAL HWY SUITE 150
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Lawrence B. Silver
82 Street Address (P.O. Box Number is Not Acceptable): 5356 Lake Osborne Drive
83:
84 City: Lake Worth FL 85 Zip Code: 33461

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: Lawrence B. Silver — 4-12-95
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	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	Lawrence B. Silver	12 NAME	
STREET ADDRESS	5356 Lake Osborne Drive	13 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, Fl 33461	14 CITY-ST-ZIP	
TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	Jeanne Miller	22 NAME	
STREET ADDRESS	1173 SW 120 WAY	23 STREET ADDRESS	
CITY-ST-ZIP	Davie, Fl 33325	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 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)(i), 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: Lawrence B. Silver — 4-12-95 — 407 368 5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000039 CP