SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

AMENDED

DOCUMENT # **P94000091075 (9)**

1. Corporation Name
INSURANCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1483 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445	1483 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445

2. Principal Place of Business 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: 4/26/96
4. FEI Number: 65-0545690 — 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**

STERN, MAXINE J
10369 BUENA VENTURA DRIVE
BOCA RATON FL 33498

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1483 So. Congress Ave
83
84 City Delray Beach FL 85 Zip Code 33445

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], Maxine J. Stern, Pres — 8/15/96
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	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	STERN, MAXINE J		1.2 NAME	Stern, Maxine J.
STREET ADDRESS	10369 BUENA VENTURA DRIVE		1.3 STREET ADDRESS	1483 S. Congress Ave
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANUSCHAK, MICHAEL S		2.2 NAME	
STREET ADDRESS	10369 BUENA VENTURA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498		2.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREINDEL, GEORGE		3.2 NAME	
STREET ADDRESS	10369 BUENA VENTURA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	100001927981 -08/21/96--01017--022 ***61.25
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], Maxine J. Stern — 8/15/96 — 561 276-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone # — CS 8/20/96