FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20050 (8)

1. Corporation Name

BARRON'S INSURANCE CORPORATION, INC.

Principal Place of Business	Mailing Address
1818 SW 5 ST FT LAUDERDALE FL 33312	1818 SW 5 ST FT LAUDERDALE FL 33312

Suite 4A

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 921 S 21st AVE	2a. Mailing Address: 2453 PLUNKETT ST
Suite, Apt #, etc.: 4A	Suite, Apt #, etc.: HOLLYWOOD,
City & State: HOLLYWOOD,	City & State: FLORIDA
Zip: 33020 / County: Broward	Zip: 33020 / County: BROWARD

3. Date Incorporated or Qualified: 12/19/1990

3a. Date of Last Report: 08/04/1994

4. FEI Number: 65-0236160 ☐ 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 is eligible for exemption under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARRON, STEPHEN R. 1818 SW 5 STREET FT. LAUDERDALE FL 33312	Name: STEPHEN R. BARRON Street Address (P.O. Box Number is Not Acceptable): 2543 PLUNKETT ST. City: HOLLYWOOD, FL 33020

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 chapter 607/620, Florida Statutes.

SIGNATURE: [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BARRON, STEPHEN	NAME	
STREET ADDRESS	~~670 NW 39TH AVENUE~~ 2543 Plunkett	STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~ HOLLYWOOD, FLA 33020	CITY-ST-ZIP	
TITLE	VP	TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	THOMAS, ERIC	NAME	PAUL SMITH
STREET ADDRESS	1811 SW 4TH CT.	STREET ADDRESS	8041 NW 6TH AVE
CITY-ST-ZIP	~~FT LAUDERDALE FL~~ HOLLYWOOD, FLA	CITY-ST-ZIP	MIAMI, FLORIDA 33150
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	DUPREE, GERALD E.	NAME	
STREET ADDRESS	2003 NW 183RD AVE.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	☐ Change ☐ Addition
NAME	MATTHEW, Amphliex	NAME	
STREET ADDRESS	915 S 21 AVE #4A	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33020	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	☐ Change ☐ Addition
NAME	GARCIA, VIDAL	NAME	
STREET ADDRESS	15140 NW 33rd AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLA 33054	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	☐ Change ☐ Addition
NAME	THOMAS ERIC	NAME	
STREET ADDRESS	2543 PLUNKETT ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLA 33020	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, 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] MAY 1, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021987 CP