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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF CO	PRPORATIONS		
DOCUN 1. Corporation	MENT # S2005	0 (8)			
BARRON'S INSURANCE CORPORATION, INC.					
Principal Place of Business Mailing Address					
921 S 21ST AVE 2453 PLUNKETT ST					
SUITE AA HOLLYWOOD FL 33020					
HOCLYWOOD FL 33020 US				3. Date incorporated or Qualified	3a. Date of Last Report
- 03				12/19/1990	05/01/1995
2. Principal Pla	< 1	2a. Mailing Address		4. FEI Number	Applied For
			uken st	65-0236160	Not Applicable
Suite Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 HOLLY	WOOD, FLORIDY	28 Hollywood	<b>.</b>	Trust Fund Contribution	Added to Fees
24 3302	Country C Country	70 22 A2A	Country	8. This corporation has liability for	
24 3002	25 SROWARD 9. Name and Address of Current		o Browar	Florida Statutes	
81 Name					
				TEPHEN K. EAR Address (P.O. Box Number is Not Acceptal	
2543 PLUNKETT ST.				Address (P.O. Box number is not Acceptal	ле)
HOLLYWOOD FL 33020					
			84 City		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 wit	h, and accept the obligations of, Section	n 607.0505, Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE F	Registered Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1. 1 TITLE	DIRECTOR	Change Addition
NAME	BARRON, STEPHEN		1.2 NAME	ART GRIFFIN	MODAL 6
STREET ADDRESS	2543 PLUNKETT	_	1.3 STREET ADDRESS	254% NW 162 TO	3054
CITY-ST-ZIP TITLE	HOLLYWOOD FL VP	TRADELETE.	1.4 CITY - \$1 - ZIP 2. 1 TITLE		<del></del>
NAME	SMITH, PAUL	[ J Deer it	2.1 TILLE 2.2 NAME	DIRECTOR- DORIS J. BARRON	Change Addition
STREET ADDRESS	8041 NW SINTA AVE		2.3 STREET ADDRESS	2543 PLUNKETT	51
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP	HOLLYWOOD, Fra	33020
TITLE	ST	DELETE	3 1 THILE	1	Change Addition
NAME	DUPREE, GERALO E.	•	3.2 NAME		
STREET ADDRESS	2003 NW 183RD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY - ST - ZIP		
TITLE	O MATTURE AND ILLEY	There	4.1 TITLE		☐ Change ☐ Addition
NAME CLUSTET ADDRESS	MATTHEW AMPHLIEX	•	4.2 NAME		
STREET ADDRESS C/TY-ST-ZIP	915-8 21 AVE #4A HOLLYWOOD FL		4.3 STREET ADDRESS		
TITLE	D D	DELETE	4.4 City - St - ZiP 5.1 Title		Change Addition
NAME	GARCIA, VIDAL	Name of the last o	5.2 NAME		· · · · · · · · · · · · · · · · · ·
STREET ADDRESS	15140 NW 33RD AVE		5 3 STREET ADDRESS		
CITY-S*-ZIP	MIAMI FL		5.4 CITY - ST - ZIP		
TITLE	D	DELETE	6. 1 TITLE		Change Addition
NAME	ERIC, THOMAS		6.2 NAME		
STREET ADDRESS	2543 PLUNKETT ST		6.3 STREET ADDRESS		
CITY-ST-ZIP  14. I do hereb	AOLLYWOOD FL v certify that the information supplied w	ith this filing is voluntarily furnishe	6.4 CITY-ST-ZIP ed and does not qua	lify for the exemption stated in Section 119	.07/31/k), Florida Statutes Liturther
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I do hereby certify that the information supplied with this filling is voluntarily turnished and does not quality for the exemption stated in section 119.07(s)(k), Fiorida statutes i rurnier 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 of director of the corporation or the residence of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if ckanged, or on any stransment with an address.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED MAKE OF DEECER OR DIRECTOR

SIGNATURE:

OFFICER OR DIRECTOR