

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

20 MAY - 1 AM 11:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S21582 (9)

1. Corporation Name:

AGENTS INSURANCE MARKETING, INC.

Principal Place of Business:

**5300 NW 33RD AVE
SUITE 215
FT LAUDERDALE FL 33309**

Mailing Address:

**5300 NW 33RD AVE
SUITE 215
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0233007	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
7. Does corporation meet criteria for simplified filing under § 190.005, Florida Statutes? ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**KOENIGSBERG, IVAN M
5300 NW 33RD AVE
SUITE 215
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	KOENIGSBERG, IVAN M	2. NAME	
STREET ADDRESS	5300 NW 33RD AVE	3. STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	KOENIGSBERG, SUSAN G	6. NAME	
STREET ADDRESS	5300 NW 33RD AVE	7. STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and obtained equitably for the exemptions stated in Section 119.07(3)(b), 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 liquidator 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: *Ivan M Koenigsberg* **IVAN M KOENIGSBERG** *4/26/95* **305-485-8888**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR