

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -3 AM 11:01

DOCUMENT # S64225 (3)

1. Corporation Name

INSURANCE CAPITAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

10495 BISCAYNE BLVD
SUITE 810
AVENTURA FL 33180
US

10495 BISCAYNE BLVD.
SUITE 810
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1991

3a. Date of Last Report

08/08/1994

4. FEI Number

65-0272513

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, RONALD
19495 BISCAYNE BOULEVARD
SUITE 810
AVENTURA FL 33180

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT
LEVINE, RONALD
19495 BISCAYNE BLVD.
AVENTURA FL

1. TITLE

☐ Change ☐ Addition

NAME

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY - ST - ZIP

14. CITY - ST - ZIP

TITLE

21. TITLE

☐ Change ☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY - ST - ZIP

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

TITLE

65. TITLE

NAME

66. NAME

STREET ADDRESS

67. STREET ADDRESS

CITY - ST - ZIP

68. 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 110.07(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 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

RONALD LEVINE
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/95

1-305 7726

CR2E034 (3/95)