FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65108 (0)

1. Corporate Name

JENSEN / ALL STAR INSURANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5847 FT LAUDERDALE FL 33310	P.O BOX 5847 FT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0275048 ☐ 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

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

9. Name and Address of Current Registered Agent

JENSEN, ANGELA T.
~~1371 SOUTH S.R. 7~~ 999 Rock Island Rd.
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): ~~999 Rock Island Road~~
83 ~~No. Lauderdale~~
84 City: FL 85 Zip Code: 33068

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PS	TITLE	☒ Change ☐ Addition
NAME	JENSEN, ANGELA T.	NAME	
STREET ADDRESS	~~1371 SR 7 SOUTH~~	STREET ADDRESS	999 Rock Island Rd
CITY-ST-ZIP	N LAUDERDALE FL	CITY-ST-ZIP	
TITLE	T	TITLE	☒ Change ☐ Addition
NAME	JENSEN, ALAN M.	NAME	
STREET ADDRESS	~~1371 SR 7 SOUTH~~	STREET ADDRESS	999 Rock Island Rd
CITY-ST-ZIP	N LAUDERDALE FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	LYNN, MARC A.	NAME	
STREET ADDRESS	512 GARDENS DRIVE #202	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANGELA T. Jensen

4/29/95 (305) 726-9466
DATE · DAYTIME PHONE #

0433110 FP