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 APR 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S76544

1. Corporation Name

SMITH ASSOCIATION INSURANCE PROGRAMS, INC.

Principal Place of Business	Mailing Address
784 U.S. Highway One Suite 14 North Palm Beach, FL 33408	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/91
3a. Date of Last Report: 05/01/94

2. Principal Place of Business	2a. Mailing Address
21 784 U.S. Highway One	26 784 U.S. Highway One
Suite, Apt. #, etc. 22 Suite 14	Suite, Apt. #, etc. 27 Suite 14
City & State 23 North Palm Beach, FL	City & State 28 North Palm Beach, FL
Zip / Country 24 33408 / 25 U.S.A.	Zip / Country 29 33408 / 30 U.S.A.

4. FEI Number: 65-0290115 ☐ 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

9. Name and Address of Current Registered Agent

Robert H. Smith
11380 Prosperity Farms Road
Suite 201
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
784 U.S. Highway One
83 Suite 14
84 City: North Palm Beach **FL** 85 Zip Code: 33408

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 Robert H. Smith Robert H. Smith 2/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert H. Smith (Director) 784 U.S. Highway One, Suite 1 North Palm Beach, FL 33408	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 800001455158 -04/13/95--01006--021 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition CH

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)(k), 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 Robert H. Smith Robert H. Smith 2/17/95 (407)626-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #