

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 21 PM 1:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S76547

(6)

1. Corporation Name

REAL ESTATE INSURANCE PROGRAMS, INC.

Principal Place of Business

**784 U.S. HIGHWAY 1
SUITE 14
NORTH PALM BEACH FL 33408
US**

Mailing Address

**784 U.S. HIGHWAY 1
SUITE 14
NORTH PALM BEACH FL 33408
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Organized

08/27/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0286155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ROBERT H.
11380 PROSPERITY FARMS RD
SUITE 201
PALM BEACH GARDENS FL 33410**

81. Name

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

83. 784 U.S. Highway One, 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

DATE

2-17-95

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

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SMITH, ROBERT H.**
STREET ADDRESS **11380 PROSPERITY FARMS**
CITY - ST - ZIP **PALM BCH GARDENS FL**

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **784 U.S. Highway One, Suite 14**
1.4 CITY - ST - ZIP **North Palm Beach, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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

407 624-1118

Signature and typed or printed name of signing officer or director

Date

Telephone Number