

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

DOCUMENT # S92071 (7)

1. Corporation Name

COMMONWEALTH INSURANCE AGENCY, INC.

Principal Place of Business

**529 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801-1338**

Mailing Address

**529 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801-1338**

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/04/1991		3a. Date of Last Report 02/15/1994	
4. FEI Number 59-3087624		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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KENNEDY, JUDITH 529 NORTH MAGNOLIA AVENUE ORLANDO FL 32802		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, DON P.	12 NAME	
STREET ADDRESS	815 SUPERIOR AVE N.E.	13 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	14 CITY - ST - ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	ZUBER, MICHAEL	22 NAME	
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	INDEPENDENCE OH	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ZUBER, ROBERT	32 NAME	
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	INDEPENDENCE OH	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	

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)(d), 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:

MICHAEL ZUBER

4-27-95

(216) 524-9797