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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S98720** (3)
1. Corporation Name
MICHAEL J. ESKRA, CLU AND ASSOCIATES, INC.

Principal Place of Business: **214 GIRALDA AVE CORAL GABLES FL 33134**
Mailing Address: **2716 GRANADA BLVD CORAL GABLES FL 33134**

MOVED

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/09/1991** 3a. Date of Last Report: **06/16/1994**

4. FEI Number: **65-0301119** 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:

21. **5201 BLUE LAGOON DRIVE** 26. **← SAME**

22. Suite, Apt. #, etc.: **SUITE 650** 27. Suite, Apt. #, etc.:

23. City & State: **MIAMI FL** 28. City & State:

24. Zip: **33126** 25. Country: **DADE** 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

ESKRA, MICHAEL J.
214 GIRALDA AVE
CORAL GABLES FL 33134

MOVED

10. Name and Address of New Registered Agent

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 607.0503 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 607.050, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **MAY 1, 1995**

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ESKRA, MICHAEL J.
STREET ADDRESS	2716 GRANADA BLVD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VSD
NAME	ESKRA, ANNE M.
STREET ADDRESS	2716 GRANADA BLVD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 in an annual report with an address.

SIGNATURE: *[Signature]* DATE: **MAY 1, 1995** (305) 264-1630