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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # V05123

(7)

MAYFAIR INSURANCE ORGANIZATION, INC.							
Principal Place of Business Mailing Address 5605 S.W. 86TH STREET MIAMI FL 33143 Miami FL 33143-8308					T LOGAL GATION GOLDS CHARACTURE STATE AND GLANT GLATT & STATE STAT		
					3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Re 03/11/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	 	plied For
Suite And # etc		26 Suite Ant # sto	Suite, Apt. #, etc.		65-0377258 Not Applicable 5. Catificate of Status Position \$8.75 Additional		
Suite, Apt. #, etc.		27 Stille, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
City & State	?	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Z(p	formation in the second of the		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 9. Name and Address of Curr	29 29 Agent	30		Florida Statutes 10. Name and Address of New Reg	- <u>- , , , , , , , , , , , , , , , , , ,</u>	
ROS	EN, MICHAEL A.			81 Name			
	AVIATION AVE		-	82 Street Add	ress (P.O. Box Number is Not Acceptable	le)	
	E 601]		reas (1.0. box Humbor is Hot zoooptato		
MAN	AI FL 33131			83			
				84 City		85 Zip (Code
44 Durament t	o the groupings of Sections 607.0	502 and 607 1508 Florida Sta	tutes the at	vove named cor	noration submits this statement for the n	FL worse of changing it	le registered
office or re agent. Lar	egistered agent, or both, in the Sta in familiar with, and accept the ob-	tle of Florida. Such change wa ligations of, Section 607.0505,	as authorized Florida Stat	by the corpora utes.	poration submits this statement for the patients of directors. I hereby accept	the appointment as	registered
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable (N	NOTE: Registered	Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE		1.1 Til	TE .		Change	☐ Addition
NAME	ABELL, THOMAS W 1000 BRICKELL AVE	•	1.2 NA				
STREET ADDRESS	MIAMI FL			REET ADDRESS			
CITY-ST-ZIP TITLE	P	DELETE	1.4 Cr 2.1 Trl	IY-ST-ZIP		☐ Change	Addition
NAME	SEMINARA, STEPHEN		2.2 N/	1			
STREET ADDRESS	24 MCKESSON HILL RD.			REET ADDRESS			
CITY-ST-ZIP	CHAPPAQUA NY			TY-ST-ZIP			
TITLE		DELETE	3.1 Til	LE		Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-S1-7IP		T DELETE		TY-ST-ZIP		T Channe	Addition
TITLE		L_] DELETE	4.1 717			Change	☐ Addition
STREET ADDRESS			4.2 N				
CITY-ST-Z-P				REET ADDRESS TY-ST-ZIP			i
TITLE		☐ DELETE	51 TI			Change	Addition
NAME			52 N/	IME .			
STREET ADDRESS			5 3 ST	REET ADDRESS			
CITY-ST-2IP			5.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 T()	LE		☐ Change	Addition
NAME			62 N	IME			
STREET ADDRESS				reet apdress			
CITY-ST-ZIP	w corlify that the information over	liadevith this filips does not a		IY-SI-ZIP	ed in Section 119.07(3)(i), Florida Statutes	e I further cortifu that	the
information Lam an of	n indicated on this annual report a	supplemental annual report or he receiver or trustee emp	is true and a powered to a	iccurate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made un	der oath: that l