

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JUN 14 PM 9:56

DOCUMENT # V12253 1. Corporation Name C N S INSURANCE GROUP INC.	(3)
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Principal Place of Business 2428 SOUTH STATE ROAD 7 MIRAMAR FL 33023	Mailing Address 2428 SOUTH STATE ROAD 7 MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/06/1992	3a. Date of Last Report 06/01/1994
4. FEI Number 65-0318118		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent MILLER, ALTHUR 2428 SOUTH STATE ROAD 7 MIRAMAR FL 33023	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
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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 agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President / Director ☒ Change ☐ Addition
NAME	MC LEAN, JUNE	1.2 NAME	Claudette T. Steele
STREET ADDRESS	% 2428 S. STATE ROAD 7	1.3 STREET ADDRESS	2428 S. STATE Rd. #7
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	MIRAMAR FL 33023
TITLE	SVT	2.1 TITLE	Vice President / Secretary ☒ Change ☐ Addition
NAME	STEELE, NICOLE	2.2 NAME	NICOLE STEELE
STREET ADDRESS	% 2428 S. STATE ROAD 7	2.3 STREET ADDRESS	2428 S. STATE Rd #7
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	MIRAMAR FL 33023
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, NICOLE	3.2 NAME	
STREET ADDRESS	% 2428 S. STATE ROAD 7	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE: Claudette T. Steele 6/6/95 305-966-2408