

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DOCUMENT # V21244 (1)

INSURANCE MARKETING SERVICES OF FLORIDA, INC.

1517 NW 113 TER
PEMBROKE PINES FL 33026
US

1517 NW 113 TER
PEMBROKE PINES FL 33026
US

21 7352 S.W. 26 COURT

26 7352 S.W. 26 COURT

23 DAVIE, FLORIDA

28 DAVIE, FLORIDA

24 33314 25 USA

29 33314 30 USA

9. Name and Address of Current Registered Agent

WARD, RAYMOND W.
1517 NW 113 TER- 7352 S.W. 26 COURT
PEMBROKE PINES FL 33026 DAVIE, FLORIDA 33314

3 03/13/1992 3a. 06/30/1994

4. 65-0322476

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

FL 85

Raymond W Ward

April 19, 1995

D.
WARD, RAYMOND W.
1517 NW 113 TER
PEMBROKE PINES FL
D
WARD, SANDRA L.
1517 NW 113 TER
PEMBROKE PINES FL

WARD, RAYMOND W.
7352 S.W. 26 COURT
DAVIE, FL. 33314

WARD, SANDRA L.
7352 S.W. 26 COURT
DAVIE, FL. 33314

SIGNATURE: RAYMOND W. WARD

Raymond W Ward

April 19, 1995 305-473-0310

APPROVED
103

$$\begin{aligned} & \mathbb{E} \left[\frac{1}{n} \sum_{i=1}^n \left(\frac{1}{\sqrt{2\pi}} \int_{-\infty}^{\infty} \frac{e^{-itx}}{\sqrt{1-t^2}} dt \right)^2 \right] \\ &= \frac{1}{n} \sum_{i=1}^n \mathbb{E} \left[\left(\frac{1}{\sqrt{2\pi}} \int_{-\infty}^{\infty} \frac{e^{-itx}}{\sqrt{1-t^2}} dt \right)^2 \right] \\ &= \frac{1}{n} \sum_{i=1}^n \mathbb{E} \left[\frac{1}{2\pi} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{e^{-itx} e^{-isx}}{\sqrt{1-t^2} \sqrt{1-s^2}} dt ds \right] \\ &= \frac{1}{n} \sum_{i=1}^n \mathbb{E} \left[\frac{1}{2\pi} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{e^{-i(t+s)x}}{\sqrt{1-t^2} \sqrt{1-s^2}} dt ds \right] \\ &= \frac{1}{n} \sum_{i=1}^n \mathbb{E} \left[\frac{1}{2\pi} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{e^{-i(t+s)x}}{\sqrt{1-t^2} \sqrt{1-s^2}} dt ds \right] \end{aligned}$$

(8)

AMERICAN DESIGN HOMES, INC.

1964 11 31
1964 11 31

MR STEVEN P GOLDMAN
2961 PLANTATION RD
WINTER HAVEN FL 33884

THE UNIVERSITY OF CHICAGO

3. Date of Report (month/year)	3a. Date of Last Report
03/17/1992	08/05/1994

4. FIC Identifier	Applied For
NOT APPLICABLE	Not Applicable

5. Contribution of Status Deceased		\$8.75 Additional Fee Required
------------------------------------	--	-----------------------------------

6. **Florida Campaign Financing Trust Fund Contribution** **\$5.00 May Be Added to Fees**

8. The respondent's name and title are: Mr. [redacted]
[redacted] [redacted] [redacted]

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON JR, LYNN K.
111 3RD ST SW
SUITE 212
WINTER HAVEN FL 33880

01	Family
02	Street Address, P.O. Box Number or Post Acceptation
03	
04	City, State, Zip
05	County, State, Zip

11. In support of the proposed acquisition, the corporation has established a "change of control" clause in the agreement of the partnership, requiring its approval of any subsequent change of control of the partnership. The corporation, located in New York, changed, except the agreement is considered upon 1/1/11.

$$\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{4}$$

PD
WILSON, LYNN K JR
111 3 ST SW, SUITE 212
WINTER HAVEN FL
VPS
GOLDMAN, STEVEN P
2961 PLANTATION RD
WINTER HAVEN FL

1. The first step in the process of identifying a problem is to recognize that a problem exists. This involves gathering information about the situation and identifying the specific issue that needs to be addressed.

[illegible]

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer on Inventory
Steven P. Goldman VPS

4/30/95 (813) 326-1386
4/30/95 813-326-1386

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
DIVISION OF CORPORATE FILINGS

APR 26 1996

DOCUMENT # **V21716** (8)

D' ARCY, INC.

03/17/1992

RECEIVED
TAXES
FLORIDA

(DO NOT WRITE IN THIS SPACE)

2841 N. OCEAN BLVD
FT. LAUDERDALE FL 33308
US

D' ARCY INC
3321 E. OAKLAND PARK
FT. LAUDERDALE FL 33308
US

3. Date incorporated or qualified 03/17/1992	3a. Date of Last Report 08/17/1994
4. FET Number 65-0321216	Appoint For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Invest Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Does corporation have authority for making gifts under Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address 21	2b. Mailing Address 26
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Accepted)	
83. City & State	
84. City	FL 85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the above-named corporation, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same have been authorized by the corporation's board of directors, and that the undersigned is a duly qualified officer or director of the corporation.

DP 2/27/96

12. OFFICERS AND DIRECTORS	13. ADDITIONAL FINANCIAL OFFICERS AND DIRECTORS																
<table border="1"> <tr> <td>NAME</td> <td>DP</td> </tr> <tr> <td>HAUSER, H. ALEXANDRA</td> <td></td> </tr> <tr> <td>2841 N. OCEAN BLVD.#2004</td> <td></td> </tr> <tr> <td>FT. LAUDERDALE FL</td> <td></td> </tr> </table>	NAME	DP	HAUSER, H. ALEXANDRA		2841 N. OCEAN BLVD.#2004		FT. LAUDERDALE FL		<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>HAUSER, H. ALEXANDRA</td> <td></td> </tr> <tr> <td>2841 N. OCEAN BLVD.#2004</td> <td></td> </tr> <tr> <td>FT. LAUDERDALE FL</td> <td></td> </tr> </table>	NAME		HAUSER, H. ALEXANDRA		2841 N. OCEAN BLVD.#2004		FT. LAUDERDALE FL	
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2841 N. OCEAN BLVD.#2004																	
FT. LAUDERDALE FL																	

14. I, the undersigned, being a duly qualified officer or director of the above-named corporation, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same have been authorized by the corporation's board of directors, and that the undersigned is a duly qualified officer or director of the corporation.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-29-95
FAX # 516-869-8984

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. SAWYER
GOVERNOR

APPROVED
AND
FILED

MAY 10 1995

DOCUMENT # V22421

(4)

1. Corporation Name

SALEM DISCOUNT INSURANCE, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

700-71 ST.
MIAMI BCH FL 33141
US

3. Mailing Address

700-71 ST.
MIAMI BEACH FL 33141

4. Date of Report

03/19/1992

04/14/1994

5. Filing Office

21

6. Mailing Office

26

7. Filing Number

65-0310680

8. Additional Fee

Not Applicable

9. Certificate of Status

22

10. Election Campaigns

27

11. Certificate of Status

\$8.75 Additional Fee Required

12. Election Campaigns

23

13. Election Campaigns

28

14. Election Campaigns

\$5.00 May Be Added to Fees

15. Filing Office

24

16. Filing Office

29

17. Filing Office

30

9. Name and Address of Current Registered Agent

SALEM, JASON
700 71 ST.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I am a duly qualified officer or director of the corporation, and I am authorized to execute this certificate. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 14th day of April, 1994.

12. Name

DP
SALEM, JASON
700 71 ST.
MIAMI BEACH FL
DV
SALEM, JOSEPH
700 71 ST.
MIAMI BEACH FL
DST
SALEM, SAMIRA
700 71 ST.
MIAMI BEACH FL

13. Name

SALEM, JASON
700 71 ST.
MIAMI BEACH FL
SALEM, JOSEPH
700 71 ST.
MIAMI BEACH FL
SALEM, SAMIRA
700 71 ST.
MIAMI BEACH FL

14. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I am a duly qualified officer or director of the corporation, and I am authorized to execute this certificate. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 14th day of April, 1994.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/13/95

