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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # V72179 (7)

1. Corporate Name
STUART-LAWRENCE AGENCY, INC.

Principal Place of Business
691 NE 29TH PL
BOCA RATON FL 33487

Mailing Address
5499 FEDERAL HWY STE H
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business
21
Suite, Apt. # or P.O.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. # or P.O.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0363965 — 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. Has compensation been paid to officers and directors for prior 1995 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERK, LAWRENCE D.
5499 N. FEDERAL HIGHWAY, SUITE H
BOCA RATON FL 33487

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 607.0502 and 607.150(8) 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
Registered Agent's Signature (If Registered Agent is an Individual) (If Registered Agent is a Corporation, Signature of Officer) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~DP~~ = | TITLE | ☐ Change ☐ Addition |
| NAME | ~~KOLINSKY, STUART~~ | NAME | |
| STREET ADDRESS | ~~5499 N. FEDERAL HWY. #H~~ | STREET ADDRESS | |
| CITY, ST, ZIP | ~~BOCA RATON FL 33487~~ | CITY, ST, ZIP | |
| TITLE | ~~DST~~ DSTP | TITLE | Ferk is now President — X Change ☐ Addition |
| NAME | FERK, LAWRENCE D | NAME | |
| STREET ADDRESS | 5499 N. FEDERAL HWY. #H | STREET ADDRESS | |
| CITY, ST, ZIP | BOCA RATON FL 33487 | CITY, ST, ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this report is true and correct, to the best of my knowledge and belief, subject to the penalties imposed for filing a false report. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 hereof with any changes or additions noted with an asterisk.

**SIGNATURE:** Lawrence D. Ferk, Pres 4/12/95 401/994-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0290269 CP