

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 22 PH 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 198937 (5)

1. Corporation Name  
DAE UNDERWRITERS INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address  
18305 BISCAYNE BLVD 18305 BICAYNE BLVD  
S401 S401  
AVENTURA FL 33160 AVENTURA FL 33160  
US US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 01/09/1957 3a. Date of Last Report 04/29/1994  
4. FEI Number 59-0787759 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. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HOLLANDER, ROBERT P  
17720 BISCAYNE BLVD  
AVENTURA FL 33160  
*18305 Biscayne Blvd # 401*

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOLLANDER, RALPH D.
STREET ADDRESS	19355 TURNBERRY WAY, 7K
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	HOLLANDER, ROBERT P.
STREET ADDRESS	1000 E ISLAND BLVD #904
CITY - ST - ZIP	WILLIAMS ISLAND FL
TITLE	V
NAME	ARMAO, ANTHONY A.
STREET ADDRESS	10861 SANTA FE DR
CITY - ST - ZIP	COOPER CITY FL
TITLE	T
NAME	HOLLANDER, FLORENCE
STREET ADDRESS	19355 TURNBERRY WAY, 7K
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	MARTIN, TRACY H
STREET ADDRESS	1741 SW 129 TERR
CITY - ST - ZIP	MIRAMAR FL
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 119.07(3)(k), 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 liquidator and/or authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/17/96 805-932-5700  
DATE: \_\_\_\_\_