

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **198937 (5)**  
1. Corporation Name  
**DADE UNDERWRITERS INSURANCE AGENCY, INC.**



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

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/09/1957**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **59-0787759**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOLLANDER, ROBERT P  
18302 BISCAYNE BLVD.  
SUITE 401  
AVENTURA FL 33160**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (Signature of Registered Agent)  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, RALPH D.	1.2 NAME	
STREET ADDRESS	19355 TURNBERRY WAY, 7K	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, ROBERT P.	2.2 NAME	
STREET ADDRESS	1000 E ISLAND BLVD #904	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WILLIAMS ISLAND FL	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMAO, ANTHONY A.	3.2 NAME	
STREET ADDRESS	10861 SANTA FE DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COOPER CITY FL	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, FLORENCE	4.2 NAME	
STREET ADDRESS	19355 TURNBERRY WAY, 7K	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, TRACY H	5.2 NAME	
STREET ADDRESS	1741 SW 129 TERR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIRAMAR FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

Vice-President  
Michael A. Hollander  
1211 Sorrento Drive  
Ft. Lauderdale, FL 33326

200001760282  
03/28/96 -- 01011 -- 008  
\$1,200.00

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3-27

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in unchanged, or on an attachment with an address.

SIGNATURE: *Tracy H Martin* 3/23/96 (305) 982-580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE/PHONE #

CR2E034 (12/95)