

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 198937 (5)**  
1. Corporation Name  
**DAE UNDERWRITERS INSURANCE AGENCY, INC.**



Principal Place of Business <b>18305 BISCAYNE BLVD S401 AVENTURA FL 33180 US</b>	Mailing Address <b>18305 BISCAYNE BLVD S401 AVENTURA FL 33180-2172 US</b>
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3. Date Incorporated or Qualified <b>01/09/1957</b>	3a. Date of Last Report <b>03/27/1996</b>
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21. Principal Place of Business State Apt. # etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number <b>59-0787759</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>HOLLANDER, ROBERT P 18302 BISCAYNE BLVD. SUITE 401 AVENTURA FL 33160</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLANDER, RALPH D.</b>		1.2 NAME	
STREET ADDRESS <b>18355 TURNBERRY WAY, 7K</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIAMI FL</b>		1.4 CITY- ST- ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLANDER, ROBERT P.</b>		2.2 NAME	
STREET ADDRESS <b>1000 E ISLAND BLVD #904</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>WILLIAMS ISLAND FL</b>		2.4 CITY- ST- ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLANDER, MICHAEL A</b>		3.2 NAME	
STREET ADDRESS <b>1211 SORRENTO DR</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>FT LAUDERDALE FL 33328</b>		3.4 CITY- ST- ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, TRACY H</b>		4.2 NAME	
STREET ADDRESS <b>1741 SW 129 TERR</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIRAMAR FL</b>		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)