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**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004038 (4)

**1. Corporation Name
SFS INSURANCE BROKERAGE, INC.**



**Principal Place of Business
3520 BROADWAY
KANSAS CITY MO 64111
US**

**Mailing Address
3520 BROADWAY
KANSAS CITY MO 64111-2502
US**

3. Date Incorporated or Qualified 08/22/1995 **3a. Date of Last Report 03/11/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 91-0837062 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Country

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME SMITH, GREGORY E
STREET ADDRESS 3520 BROADWAY
CITY - ST - ZIP KANSAS CITY MO

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME TREASURER
2.3 STREET ADDRESS ROBERT E. JAMES
2.4 CITY - ST - ZIP 3520 BROADWAY
KANSAS CITY, MO. 64111

TITLE TD DELETE
NAME MAYEDA, EDWARD R
STREET ADDRESS 3200 CAPITOL BLVD S.
CITY - ST - ZIP OLYMPIA WA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VD DELETE
NAME JENSEN, DARYL D
STREET ADDRESS 3200 CAPITOL BLVD S.
CITY - ST - ZIP OLYMPIA WA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE S DELETE
NAME HOFFMAN, GARY K.
STREET ADDRESS 3520 BROADWAY
CITY - ST - ZIP KANSAS CITY MO

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME AVP
5.3 STREET ADDRESS BILLY J. DAHLE
5.4 CITY - ST - ZIP 3200 CAPITOL BLVD SOUTH
OLYMPIA, WA. 98506

TITLE AVP DELETE
NAME BENHAM, BRET L.
STREET ADDRESS 3520 BROADWAY
CITY - ST - ZIP KANSAS CITY MO

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TITLE D DELETE
NAME DWHITE, BARNEY D.
STREET ADDRESS 3520 BROADWAY
CITY - ST - ZIP KANSAS CITY MO

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

6.1 TITLE Change 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 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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)