

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 APR 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15395** (1)

1. Corporation Name
BRITISH AMERICAN UNDERWRITERS REPRESENTATIVES, INC.

Principal Place of Business Mailing Address
1200 EAST HILLSBORO BLVD. SUITE 104 DEERFIELD BEACH 33441 **1200 EAST HILLSBORO BLVD. SUITE 104 DEERFIELD BEACH 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1989** 3a. Date of Last Report **02/01/1994**
4. FEI Number **65-0436915** 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
9. This corporation has liability for intangible tax under S. 109.032

2. Principal Place of Business 2a. Mailing Address
21 **336 SE 15 AVENUE** 26 **336 SE 15 AVENUE**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **DEERFIELD BEACH, FL** 28 **DEERFIELD BEACH, FL**
29 **33441** 30 **33441**

9. Name and Address of Current Registered Agent
**WHITE, RUSSELL A. ESQUIRE
1401 EAST BROWARD BLVD
#300
FT LAUDERDALE FL FL 33301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, DOROTHY	1.2 NAME	
STREET ADDRESS	1537 E HILLSBORO BLVD., SPT. 741	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, RICHARD F.	2.2 NAME	
STREET ADDRESS	18037 GOLDEN SPRING COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	OLNEY MD 20832	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, JEFFREY H.	3.2 NAME	
STREET ADDRESS	8755 SUMMERVILLE PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELD, RICHARD F.	4.2 NAME	
STREET ADDRESS	18037 GOLDEN SPRING COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	OLNEY MD	4.4 CITY - ST - ZIP	
TITLE		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		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 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 if changed, or on an attachment with an address.

SIGNATURE: * *Dorothy Feld* * 4/19/95 * 305-421-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR