

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 # **V12448** (9)

1. Corporation Name
BINFORD INSURANCE NETWORK, INC.



Principal Place of Business: **72 S.E. 6TH AVE. DELRAY BEACH FL 33483 US**
Mailing Address: **72 S.E. 6TH AVE. DELRAY BEACH FL 33483 US**

3. Date Incorporated or Qualified: **02/03/1992**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0309562**
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. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **2432 LAKE VISTA CT. #212 CASSELBERRY, FLA. 32707 SEMINOLE**
26. Mailing Address: **2432 LAKE VISTA CT. #212 CASSELBERRY, FLA. 32707 SEMINOLE**

9. Name and Address of Current Registered Agent:
**BINFORD, MARK N.
12-204 VIA DE CASAS SUR
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent:
81 Name: **MARK N. BINFORD**
82 Street Address (P.O. Box Number is Not Acceptable): **2432 LAKE VISTA CT. #212**
84 City: **CASSELBERRY, FL** 85 Zip Code: **32707**

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: *Mark N. Binford* **MARK N. BINFORD** DATE: **4-26-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	BINFORD, MARK N.	
STREET ADDRESS	12-204 VIA DE CASAS SUR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	PRES. & P.	<input type="checkbox"/>
1.2 NAME	MARK N. BINFORD	
1.3 STREET ADDRESS	2432 LAKE VISTA CT. #212	
1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
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 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: *Mark N. Binford* **MARK N. BINFORD** DATE: **4/26/96** TELEPHONE: **407-679-7603**

CR2E034 (12/95)