#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

### SIGNATURE: BARRY HIKIN

Electronic Signature of Signing Officer/Director Detail

### Ρ

#### 01/03/2015

#### Date

#### FEI Number: 32-0329994

#### Name and Address of Current Registered Agent:

KUPPERMAN, DAVID A ESQ. 5301 NORTH FEDERAL HIGHWAY **SUITE #250** BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: DAVID A. KUPPERMAN, ESQ.			01/03/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	HIKIN, BARRY	Name	VILA, TERESSA J	
Address	5100 WEST COPANS ROAD SUITE #710	Address	5100 WEST COPANS ROAD SUITE #710	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P11000002962

Entity Name: SURPLUS REFUND CORPORATION

## **Current Principal Place of Business:**

5100 WEST COPANS ROAD **SUITE #710** MARGATE, FL 33063

#### **Current Mailing Address:**

**5100 WEST COPANS ROAD SUITE #710** MARGATE, FL 33063 US

Certificate of Status Desired: No

FILED Jan 03, 2015 Secretary of State CC2286271987