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ANNUAL REPORT

1995

DOCUMENT # 278959 (2)

1. Corporate Name

BEST INSURANCE AGENCY OF BROWARD INC

APPROVED AND FILED

95 FEB 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1150 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 US	P.O. BOX 2100 POMPANO BEACH FL 33061 US

3. Date Incorporated or Qualified: 02/28/1964
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-1039398 ☐ 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

9. Name and Address of Current Registered Agent

BOWMAN,JERRY K
717 NE 3RD ST
POMPANO FL

10. Name and Address of New Registered Agent

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: (Typed, printed or prepared name of registered agent and title if officer) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
01 TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
02 NAME	BOWMAN,JERRY K	1.2 NAME	
03 STREET ADDRESS	717 N.E. 3RD ST.	1.3 STREET ADDRESS	
04 CITY-ST-ZIP	POMPANO BEACH FL.	1.4 CITY-ST-ZIP	
05 TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
06 NAME	BOWMAN, NEWANA C.	2.2 NAME	
07 STREET ADDRESS	717 N.E. 3RD ST.	2.3 STREET ADDRESS	
08 CITY-ST-ZIP	POMPANO BEACH FL.	2.4 CITY-ST-ZIP	
09 TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
10 NAME	BOWMAN, J. KEITH JR.	3.2 NAME	
11 STREET ADDRESS	4450 NE 30TH AVE	3.3 STREET ADDRESS	
12 CITY-ST-ZIP	LIGHTHOUSE PT FL	3.4 CITY-ST-ZIP	
13 TITLE		4.1 TITLE	☐ Change ☐ Addition
14 NAME		4.2 NAME	
15 STREET ADDRESS		4.3 STREET ADDRESS	
16 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17 TITLE		5.1 TITLE	☐ Change ☐ Addition
18 NAME		5.2 NAME	
19 STREET ADDRESS		5.3 STREET ADDRESS	
20 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21 TITLE		6.1 TITLE	☐ Change ☐ Addition
22 NAME		6.2 NAME	
23 STREET ADDRESS		6.3 STREET ADDRESS	
24 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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)(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 hereof, or on an attachment with an address.

SIGNATURE: Jerry K. Bowman Sr. 2/21/95 (305) 942-4451
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER DATE (Daytime Phone #)
JERRY K. BOWMAN, SR.

0426004 FP