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 # 376930

1. Corporation Name

FINANCIAL INSTITUTION INSURANCE SERVICES, INC.

Principal Place of Business

1642 North Volusia Avenue
Suite 202
Orange City FL 32763

Mailing Address

same

3. Date Incorporated or Qualified: 10/26/83

3a. Date of Last Report:

4. FEI Number: 59-3138380 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Lawrence D. Tornek
9400 South Dadeland Blvd.
Suite 600
Miami, FL 33156

10. Name and Address of New Registered Agent

61 Name: Kurt R. Borglum, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 366 East Graves Avenue
83: Suite B
84 City: Orange City FL 85 Zip Code: 32763

11. Pursuant to the provisions of Sections 617.0124 and 607.1505, 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 617.0505, Florida Statutes.

SIGNATURE: Kurt R. Borglum President DATE: 7/17/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	Lisa Cooper		2 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste. 202		3 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32763		4 CITY-ST-ZIP	
TITLE	D Sr. VP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	Jack Ruedisueli		6 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste. 202		7 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32763		8 CITY-ST-ZIP	
TITLE	D VP	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	Kathleen Sandefer		10 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste. 202		11 STREET ADDRESS	
CITY-ST-ZIP	Orange City, FL 32763		12 CITY-ST-ZIP	
TITLE	D Ass't VP	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	Susan Price-Youngberg		14 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste 202		15 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32763		16 CITY-ST-ZIP	
TITLE	D Ass't S	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	Teresa Hay		18 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste. 202		19 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32763		20 CITY-ST-ZIP	
TITLE	D T	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Patrice Mohr		22 NAME	
STREET ADDRESS	1642 North Volusia Avenue Ste. 202		23 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32763		24 CITY-ST-ZIP	

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14. I do hereby certify that the information indicated on this report or supplemental 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 business agent appointed 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 added by an attachment to this report.

SIGNATURE: Lisa J. Cooper President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 Date

(904) 774-1600 Daytime Phone Number

CR2E034 (12/95)