

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 452836 (0)

1. Corporation Name

SUNSHINE STATE UNDERWRITERS, INC.



Principal Place of Business

22783 S. STATE ROAD 7, #110
BOCA RATON FL 33428

Mailing Address

22783 S. STATE ROAD 7, #110
BOCA RATON FL 33428

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 8058 GREENMONT AVE
27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
05/13/1974

3a. Date of Last Report
04/28/1995

4. FEI Number
59-1539190

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

NOREN, HERBERT LEE
8058 SW 1ST PLACE
BOCA RATON FL 33428

8058 GREENMONT AVE
TALLAHASSEE, FL 32311

10. Name and Address of New Registered Agent

81 Name

SAME AS #9

82 Street Address (P.O. Box Number is Not Acceptable)

8058 GREENMONT AVE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32311

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

H. J. Noren

4/25/96

ADDRESS

12. OFFICERS AND DIRECTORS

TITLE DP
NAME NOREN, HERBERT L
STREET ADDRESS 9773 S.W. 1ST PLACE
CITY-ST-ZIP BOCA RATON FL

TITLE DST
NAME MCILVAIN, ROSEMARY A
STREET ADDRESS 762 S. US #1, SUITE 150
CITY-ST-ZIP VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME NOREN, HERBERT L
13 STREET ADDRESS 8058 GREENMONT AVE
14 CITY-ST-ZIP TALLAHASSEE, FL 32311

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

H. J. Noren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

904-877-8326

Telephone #

CR2E034 (12/95)