

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:57

DOCUMENT # 555808 (5)

1. Corporation Name

BRUENING INSURANCE AGENCY, INC.

Principal Place of Business

8211 W. BROWARD BLVD., SUITE #440
P.O. BOX 15638
PLANTATION FL 33324-2751

Mailing Address

8211 W. BROWARD BLVD., SUITE #440
P.O. BOX 15638
PLANTATION FL 33324-2751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1977

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1781977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSON, DONALD H
301 S.E. 10TH CT.
FT. LAUDERDALE FL 33316

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, 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

Signature of Registered Agent and the Corporation

Signature of Registered Agent to be replaced if any

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST
NAME: BRUENING, J. BRADLEY
STREET ADDRESS: 15020 SW 21 ST
CITY: DAVIE FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P
NAME: BRUENING, MARILYN J.
STREET ADDRESS: 6900 NW 5 ST
CITY: PLANTATION FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VP
NAME: BRUENING, J. BRADLEY
STREET ADDRESS: 15020 SW 21 ST
CITY: DAVIE FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

NAME:
STREET ADDRESS:
CITY:
ST:
ZIP:

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

NAME:
STREET ADDRESS:
CITY:
ST:
ZIP:

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME:
STREET ADDRESS:
CITY:
ST:
ZIP:

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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. 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 on Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Marilyn J. Bruening, President
Marilyn J. Bruening

3-10-95 (35) 4/23/96