

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS	
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1977		3a. Date of Last Report 02/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1781977		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BENSON, DONALD H 301 S.E. 10TH CT. FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☒ Change ☐ Addition
NAME	BRUENING, J. BRADLEY	1.2 NAME	
STREET ADDRESS	P O BOX 15638	1.3 STREET ADDRESS	9861 SW 1st Court
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation FL 33324
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUENING, MARILYN J.	2.2 NAME	
STREET ADDRESS	6900 NW 5 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☒ Change ☐ Addition
NAME	BRUENING, J. BRADLEY	3.2 NAME	
STREET ADDRESS	P O BOX 15638	3.3 STREET ADDRESS	9861 SW 1st Court
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation FL 33324
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn J. Bruening* 23-97 954 423-1406
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)