

**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 # 565402 (5)

1. Corporation Name  
**GUY BRICKMAN INSURANCE AGENCY, INC.**



Principal Place of Business Mailing Address  
**16969 NW 67TH AVE SUITE 100 MIAMI FL 33015**

3. Date Incorporated or Qualified **01/18/1978** 3a. Date of Last Report **01/24/1995**  
4. FEI Number **59-1937221** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

*Same*

**9. Name and Address of Current Registered Agent**

**BRICKMAN, G.J.  
760 W. 76TH ST.  
HIALEAH FL**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16969 NW 67th Ave**  
83  
84 City **Miami** 85 Zip Code **FL 33015**

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 *G. J. Brickman*  
Signature, typed or printed name of registered agent and fee applicant

**2-27-96**  
DATE

(NOTE: Registered Agent's signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | <b>VPTD</b>                | <input type="checkbox"/> DELETE |
| NAME            | <b>BRICKMAN, G.J.</b>      |                                 |
| STREET ADDRESS  | <b>16969 NW 67 AVE</b>     |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>            |                                 |
| TITLE           | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>BRICKMAN, ELIZABETH</b> |                                 |
| STREET ADDRESS  | <b>16969 NW 67 AVE</b>     |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 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: *G. J. Brickman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-96 305-822-6921**  
DATE DAYTIME PHONE #

CR2E034 (12/95)