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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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95 APR -3 PM 6:03

DOCUMENT # 707037 (8)

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
7431 NW 4TH STREET PLANTATION FL 33317	7431 NW 4TH STREET PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1964
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-0944561 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2787 E. Oakland Park	26 2787 E. Oakland Park
Suite, Apt. #, etc. 22 Blvd., #401	Suite, Apt. #, etc. 27 Blvd., #401
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33306	Country 25 Broward
Zip 29 33306	Country 30 Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRAUSS, ESTHER
7431 NW 4TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: Geraldine J. Soule
82 Street Address (P.O. Box Number is Not Acceptable): 2787 E. Oakland Park Blvd., #401
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33306

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: Geraldine J. Soule, Executive Director — Geraldine J. Soule — 3/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	11 TITLE	☐ Change ☐ Addition
NAME	JONES, B. MILTON	12 NAME	
STREET ADDRESS	320 S. STATE RD. 7 #A	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	PIECHURA, JOE	22 NAME	P
STREET ADDRESS	2590 HOLLYWOOD BLVD.	23 STREET ADDRESS	Piechura, Joe
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	800 Fairway Drive, #290 Deerfield Beach, FL 33441
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	PRICE, RON	32 NAME	D
STREET ADDRESS	6280 W. ATLANTIC BLVD.	33 STREET ADDRESS	Gross, Richard
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP	5201 Ravenswood Road Ft. Lauderdale, FL 33312-6004
TITLE	ST	41 TITLE	☒ Change ☐ Addition
NAME	DEJONG, DIRK	42 NAME	VP-D
STREET ADDRESS	1314 E. ATLANTIC BLVD.	43 STREET ADDRESS	DeJong, Dirk
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	1314 E. Atlantic Blvd. Pompano Beach, FL 33061
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	KEITH BOWMAN	52 NAME	ST-D
STREET ADDRESS	1150 E. ATLANTIC BLVD.	53 STREET ADDRESS	Bowman, Keith
CITY-ST-ZIP	POMPANO BEACH FL 33061	54 CITY-ST-ZIP	1150 E. Atlantic Blvd. Pompano Beach, FL 33061
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-20-95 305-472-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010196