

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **707037** (8)

1. Corporation Name

**INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.**



Principal Place of Business

**2787 E. OAKLAND PARK BLVD.  
#401  
FT. LAUDERDALE FL 33306  
US**

Mailing Address

**2787 E. OAKLAND PARK BLVD.  
#401  
FT. LAUDERDALE FL 33306  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

**P. O. Box 11601**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

**Fort Lauderdale, FL**

Zip

Country

Zip

Country

24

25

29

**33339-1601**

30

**USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**03/24/1964**

3a. Date of Last Report  
**04/03/1995**

4. FEI Number  
**59-0944561**

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

**SOULE, GERALDINE J.  
2787 E. OAKLAND PARK BLVD.  
#401  
FT. LAUDERDALE FL 33306**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "reinstating")

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PP JONES, B. MILTON  
320 S. STATE RD. 7 #A  
PLANTATION FL** ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P PIECHURA, JOE  
800 FAIRWAY DRIVE, #290  
DEERFIELD BEACH FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D GROSS, RICHARD  
5201 RAVENSWOOD ROAD  
FT. LAUDERDALE FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VPD DEJONG, DIRK  
1314 E. ATLANTIC BLVD.  
POMPANO BEACH FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD BOWMAN, KEITH  
1150 E. ATLANTIC BLVD.  
POMPANO BEACH FL** ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**D Todd, Francine  
4980 N. Pine Island Road  
Lauderhill, FL 33351** ☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**PP Piechura, Joe  
1401 E. Broward Blvd., #200  
Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**STD Gross, Richard  
5201 Ravenswood Road  
Ft. Lauderdale, FL 33312** ☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**P De Jong, Dirk  
1314 E. Atlantic Blvd.  
Pompano Beach, FL 33060** ☒ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**VP Bowman, Keith  
1150 E. Atlantic Blvd.  
Pompano Beach, FL 33061** ☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**D Rogan, Thomas Jr.  
1000 Corporate Drive, #100  
Ft. Lauderdale, FL 33334** ☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dirk De Jong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dirk De Jong**

3-12-96

Date

954-943-5050

Daytime Phone #

CR2E037 (12/95)