## **FILE NOW: FILING FEE IS \$61.25**

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Suite, Apt. #, etc.

City & State

NONPROFIT CORPORATION

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Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS 707037 (8)DOCUMENT # INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC. Principal Place of Business Mailing Address 2787 E. OAKLAND PARK BLVD. P.O. BOX 11601 FT. LAUDERDALE FL 33306 FORT LAUDERDALE FL 33339-1601 3. Date Incorporated or Qualified 03/24/1964 3a. Date of Last Report 03/15/1996 US U\$ 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For

23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SOULE, GERALDINE J. Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PARK BLVD. 83 FT. LAUDERDALE FL 33306 City 84 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. Fam ramiliar with, and accept the doligations of, Section 617.0503, Florida Statutes.						
SIGNATURE ,	Signature, typed or printed name of registered agent and title If a	EX. Du	P.	<del></del>	11197	
12.	OFFICERS AND DIRECTORS		legistered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	T T	Change	Addition
NAME	TODD, FRANCINE		1.2 NAME		-	
STREET ADDRESS	4980 N. PINE ISLAND ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY+ST-ZIP			
TITLE	PP	X DELETE	2.1 TITLE	n	Change	X Addition
NAME	PIECHURA, JOE		2.2 NAME	Dorsch, Delores		.,
STREET ADDRESS	1401 E. BROWARD BLVD., #200		2.3 STREET ADDRESS	13650 NW 8th Street		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY - ST - ZIP	Sunrise, FL		
TITLE	STD	DELETE	3.1 TITLE	VP	Change	Addition
NAME	GROSS, RICHARD		3.2 NAME	Gross, Rick		
STREET ADDRESS	5201 RAVENSWOOD ROAD		3.3 STREET ADDRESS	5201 Ravenswood Road		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY - ST - ZIP	Et lauderdale. El		
TITLE	Р	DELETE	4.1 TITLE	pp	Change	Addition
NAME	DEJONG, DIRK		4. 2 NAME	DeJong, Dirk		
STREET ADDRESS	1314 E. ATLANTIC BLVD.		4.3 STREET ADDRESS	1314 E. Atlantic Blvd.		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY+ST-ZIP	Pompano Beach, FL		
TITLE	VP	DELETE	5.1 TITLE	Pres.	Change	Addition
NAME	Bowman, Keith		5.2 NAME	Bowman, Keith	^	
STREET ADDRESS	1150 E. ATLANTIC BLVD.		5.3 STREET ADDRESS	1150 E. Atlantic Blvd.		
CITY - ST - ZIP	POMPANO BEACH FL		5.4 CITY - ST - ZIP	Pompano Beach, FL	· · · · · · · · · · · · · · · · · · ·	
TITLE	D	DELETE	6.1 TITLE	ISTD	Change	Addition
NAME	ROGAN, THOMAS J		6.2 NAME	Rogan, Thomas J.		
STREET ADDRESS	1000 CORPORATE DRIVE, #100		6.3 STREET ADDRESS	1000 Corporate Drive,	#100	
CITY - ST - ZIP	FT LAUDERDALE FL		6.4 CITY+ST-ZIP	Et laudandale El		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

2-//-97 (954) 390-010 3 Date Daytime Phone \* 003730

**FILED** 

Feb 17 1997 8:00am

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

59-0944561

5. Certificate of Status Desired

6. Election Campaign Financing