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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707037** (8)

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 11601
#401
FORT LAUDERDALE FL 33339-1601
US



3. Date Incorporated or Qualified

03/24/1964

4. FEI Number

59-0944561

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

GERALDINE J. SOULE EX. DIR.
(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **TODD, FRANCINE**
STREET ADDRESS **4980 N. PINE ISLAND ROAD**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **D** ☐ DELETE

NAME **DORSCH, DELORES**
STREET ADDRESS **13650 NW 8 ST**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VP** ☐ DELETE

NAME **GROSS, RICHARD**
STREET ADDRESS **5201 RAVENSWOOD ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PP** ☒ DELETE

NAME **DEJONG, DIRK**
STREET ADDRESS **1314 E. ATLANTIC BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☐ DELETE

NAME **BOWMAN, KEITH**
STREET ADDRESS **1150 E. ATLANTIC BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **STD** ☐ DELETE

NAME **ROGAN, THOMAS J**
STREET ADDRESS **1000 CORPORATE DRIVE, #100**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secy/Treas.

Teuton, Doug

1150 E. Atlantic Blvd.

Pompano Beach, FL

President

Gross, Richard

5201 Ravenswood Road

Ft. Lauderdale, FL

Director

Adams, Brian

2 S. University Drive

Plantation, FL

Past President

Bowman, Keith

1150 E. Atlantic Blvd.

Pompano Beach, FL

Vice Pres.

Rogan, Thomas J.

1000 Corporate Drive #100

Ft. Lauderdale, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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:

Doug Teuton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98

Date

Daytime Phone # 000-0000

CR2E037 (10/97)