03011999-90200-016-$61.25-$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90200 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

339595 - 90119 - 21

DOCUMENT # 707037

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 1/28/99
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	ST	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	TEUTON, DOUG		1.2 NAME	TEUTON, DOUG	
STREET ADDRESS	1150 E ATLANTIC BLVD		1.3 STREET ADDRESS	1150 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	~~POMPANO BEACH, FL 33061~~	
TITLE	D	☒ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	DORSCH, DELORES		2.2 NAME	VAUGHT, JAMES	
STREET ADDRESS	13650 NW 8 ST		2.3 STREET ADDRESS	2590 HOLLYWOOD BLVD.	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	P	☐ DELETE	3.1 TITLE	PP	☒ Change ☐ Addition
NAME	GROSS, RICHARD		3.2 NAME	GROSS, RICHARD	
STREET ADDRESS	5201 RAVENSWOOD ROAD		3.3 STREET ADDRESS	5201 RAVENSWOOD RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	PP	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DEJONG, DIRK		4.2 NAME	LANZA, DIANA	
STREET ADDRESS	1314 E. ATLANTIC BLVD.		4.3 STREET ADDRESS	9702 W. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BOWMAN, KEITH		5.2 NAME	GILLISPIE, JEFF	
STREET ADDRESS	1150 E. ATLANTIC BLVD.		5.3 STREET ADDRESS	1314 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33061	
TITLE	STD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROGAN, THOMAS J		6.2 NAME	ROGAN, THOMAS	
STREET ADDRESS	1000 CORPORATE DRIVE, #100		6.3 STREET ADDRESS	13650 NW 8th STREET	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	SUNRISE, FL 33325	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James Vaught 2-4-99 (954) 925-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #