FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR 25 AM 8:30
TALLAHASSEE, FLORIDA

DOCUMENT # **762704** **(5)**

1. Corporation Name

SOUTH FLORIDA CHAPTER-PUBLIC RISK AND INSURANCE MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 NW 73 AVENUE PLANTATION FL 33317 US	400 NW 73 AVENUE PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2173781 ☐ 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
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

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

9. Name and Address of Current Registered Agent

JOHN A. MCARTHY
400 NW 73
PLANTATION FL 33317

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

300001464808
-04/26/95--01025--006
****130.00 ****130.00

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: JOHN A. MCCARTHY JOHN A. MCCARTHY 3/20/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUSCHMAN, JAMES 308 S. DIXIE HWY. HALLENDALE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE PRESIDENT- BUSCHMAN JAMES 308 S. DIXIE HWY HALLENDALE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARDNER, PAM 17011 NE 19 AVENUE N. MIAMI BCH. FL 33162	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ALLEN FEINBERG SECRETARY - D 524 NE 21 CT WILTON MANORS 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCARTHY, JOHN A. 400 NW 73 AVENUE PLANTATION FL 33317	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SAME JOHN A. MCCARTHY TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, STEVEN J 6700 MIRAMAR PARKWAY MIRAMAR FL 33027	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PRESIDENT- ANDERSON STEVEN J 6700 MIRAMAR PARKWAY MIRAMAR FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR MR. DAVE AMMON 150 NE 2 AVE DEERFIELD BCH FL 33441	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MRS. DIANNE HOWARD 201 W. PALMETTO PARK RD BOCA RATON FL 33432	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR MR. ED BEECHER 501 PALM AVE HIALEAH FL 33010	☐ 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: JOHN A. MCCARTHY JOHN A. MCCARTHY 3/21/95 305-294-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010190