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 # 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

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 04/25/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	BUSCHMAN, JAMES		12 NAME		
STREET ADDRESS	308 S. DIXIE HWY.		13 STREET ADDRESS		
CITY-ST-ZIP	HALLENDALE FL		14 CITY-ST-ZIP		
TITLE	S	☒ DELETE	21 TITLE	S	☐ Change ☒ Addition
NAME	FEINBERG, ALLEN		22 NAME	Gold, Carol	
STREET ADDRESS	524 N.E. 21 COURT		23 STREET ADDRESS	3650 NE 12 Ave.	
CITY-ST-ZIP	WILTON MANORS FL 33305		24 CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE	T	☐ DELETE	31 TITLE	V	☒ Change ☐ Addition
NAME	MCCARTHY, JOHN A.		32 NAME		
STREET ADDRESS	400 NW 73 AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		34 CITY-ST-ZIP		
TITLE	P	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	ANDERSON, STEVEN J		42 NAME		
STREET ADDRESS	6700 MIRAMAR PARKWAY		43 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	AMASON, DAVE		52 NAME		
STREET ADDRESS	150 NE 2 AVE		53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33641		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	T	☒ Change ☐ Addition
NAME	BEECHER, ED		62 NAME		
STREET ADDRESS	501 PALM AVE		63 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Eddie C. Beecher Eddie C. Beecher, Treasurer 2/12/96 (305) 883-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #