

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:37

DOCUMENT # **F89962** (7)

1. Corporation Name
FRASER & COMPANY INSURANCE, INC.

Principal Place of Business Mailing Address
2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD.
STE 409 STE 409
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/06/1982** 3a. Date of Last Report **01/25/1994**

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
24 25 29 30

4. FEI Number **59-2206435** 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
MAHON, TIMOTHY K.
2929 E. COMMERCIAL BLVD., PENTHOUSE E
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GEORGE N. FRASER George N. Fraser
STREET ADDRESS	2500 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	D
NAME	FRASER, LUCILLE
STREET ADDRESS	2500 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	FORBES, KEITH
STREET ADDRESS	13408 S.W. 128TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	THWAITES, PETER J
STREET ADDRESS	40-46 KNUTSFORD BLVD.,
CITY-ST-ZIP	KINGSTON 5 JA
TITLE	D
NAME	WILLIAMS, DAVID A
STREET ADDRESS	40-46 KNUTSFORD BLVD.,
CITY-ST-ZIP	KINGSTON 5 JA
TITLE	D
NAME	FORBES, WINSTON P
STREET ADDRESS	58 COTTON VALLEY
CITY-ST-ZIP	ST. CROIX VI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria Lee	<input checked="" type="checkbox"/> Deletion
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	This is a deletion	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **George N. Fraser, President** January 26, 1995 (305) 921-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #