

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002918 (1)

1. Corporation Name

BROKER'S SURETY SERVICES, INC.



Principal Place of Business

Mailing Address

~~10402 400TH STREET~~
~~PLANTATION FL 33324~~
~~100~~

P.O. BOX 249
GENOA CITY WI 53128
US

2. Principal Place of Business

2a. Mailing Address

21 600 W Hillsboro Blvd

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 DEERFIELD BEACH, FL

28 City & State

24 15230

25 US

29 Zip

30 Country

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
08/15/1995

4. FEI Number
36-3849807

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JOHNSON, CRAIG 3
10401 400TH AVE
GENOA CITY WI

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

10402 400TH AVENUE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BEVINEAU, RENNIE
2796 SPINNER COURT
NAPERVILLE IL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SACHANDA, JOHN
531 W 9TH ST
HINSDALE IL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
ACKERMAN, CHRISTOPHER J
8844 EAGLE RUN DR
BOCA RATON FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST SEC
JOHNSON, RENEE NEEDHAM
10402 400TH AVENUE
GENOA CITY, WI 53128

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

ASST SEC
JOHNSON, RENEE - NEEDHAM
10402 400TH AVENUE
GENOA CITY, WI 53128

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

815/678-1450

CR2E034 (3/96)