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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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: ~~10402 400TH STREET~~ ~~PLANTATION FL 58128~~ ~~US~~

Mailing Address: P.O. BOX 249, GENOA CITY WI 53128-0249, US

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 08/22/1996
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

2. Principal Place of Business
21 4699 N FEDERAL HWY
Suite, Apt #, etc.
22 SUITE 201 F
City & State
23 POMPANO BEACH
Zip 24 33064 — Country 25 US

2a. Mailing Address
26
Suite, Apt #, etc. 27
City & State 28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change/Addition
TITLE	CD	☐	1.1 TITLE	SECRETARY	☒ Addition
NAME	JOHNSON, CRAIG E		1.2 NAME	RENEE NEEDHAM-JOHNSON	
STREET ADDRESS	10402 400TH AVENUE		1.3 STREET ADDRESS	10402 400TH AVENUE	
CITY-ST-ZIP	GENOA CITY WI		1.4 CITY-ST-ZIP	GENOA CITY, WI 53128	
TITLE	PSD	☐	2.1 TITLE	PRESIDENT / DIRECTOR	☒ Change
NAME	BEVINEAU, RENNIE		2.2 NAME	RENNIE P BEVINEAU	
STREET ADDRESS	2796 SPINNER COURT		2.3 STREET ADDRESS	2796 SPINNER CT	
CITY-ST-ZIP	NAPERVILLE IL		2.4 CITY-ST-ZIP	NAPERVILLE IL	
TITLE	D	☒	3.1 TITLE		☐ Change ☐ Addition
NAME	SACHANDA, JOHN		3.2 NAME		
STREET ADDRESS	531 W 9TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HINSDALE IL		3.4 CITY-ST-ZIP		
TITLE	VPTD	☐	4.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, CHRISTOPHER J		4.2 NAME		
STREET ADDRESS	8644 EAGLE RUN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renee Needham Johnson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 03/04/97 (Date) — 815/678-1454 (Daytime Phone #)

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