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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000006062 (2)**

1. Corporation Name
**SUNSHINE STATE INSURANCE MANAGERS, INC.**

Principal Place of Business
**8570 PHILLIPS HIGHWAY. STE 105**
**JACKSONVILLE FL 32241-4827**

Mailing Address
**8570 PHILLIPS HIGHWAY. STE 105**
**JACKSONVILLE FL 32241-4827**

3. Date Incorporated or Qualified: **12/13/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 10151 Deerwood Park Blvd.
Suite, Apt. #, etc.
22 Ste. 400, Bldg. 100
City & State
23 Jacksonville, Florida
Zip 24 32256 Country 25 Duval

2a. Mailing Address
26 10151 Deerwood Park Blvd.
Suite, Apt. #, etc.
27 Ste. 400, Bldg. 100
City & State
28 Jacksonville, Florida
Zip 29 32256 Country 30 Duval

4. FEI Number: **APPLIED FOR** — 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**
**INSURANCE COMMISSIONER**
**CAPITOL**
**TALLAHASSEE FL 32399-0300**

**10. Name and Address of New Registered Agent**
81 Name: Michael D. Shenkman
82 Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd.
83 Ste. 400, Bldg. 100
84 City: Jacksonville FL 85 Zip Code: 32256

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 title if applicable) (NOTE: Registered Agent signature required when remaining) DATE: 4/3/96

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PCD | ☐ DELETE |
| NAME | SHENKMAN, MICHAEL D | |
| STREET ADDRESS | 8570 PHILLIPS HIGHWAY, STE 105 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VD | ☐ DELETE |
| NAME | HOWSON, BRUCE K | |
| STREET ADDRESS | 8570 PHILLIPS HIGHWAY, STE 105 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | ☐ DELETE |
| NAME | BUHR, ARTHUR | |
| STREET ADDRESS | 325 LEXINGTON AVENUE | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | PCD | ☐ Change ☐ Addition |
| 1.2 NAME | Shenkman, Michael D | |
| 1.3 STREET ADDRESS | 10151 Deerwood Park Blvd. Ste. 400 | |
| 1.4 CITY-ST-ZIP | Jacksonville, FL 32256 Bldg. 100 | |
| 2.1 TITLE | VD | ☐ Change ☐ Addition |
| 2.2 NAME | Howson, Bruce K | |
| 2.3 STREET ADDRESS | 10151 Deerwood Park Blvd. Ste. 400 | |
| 2.4 CITY-ST-ZIP | Jacksonville, FL 32256 Bldg. 100 | |
| 3.1 TITLE | D | ☐ Change ☐ Addition |
| 3.2 NAME | Buhr, Arthur | |
| 3.3 STREET ADDRESS | 325 Lexington Avenue | |
| 3.4 CITY-ST-ZIP | New York, NY 10016 | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/3/96 Daytime Phone #: 904 9985221

CR2E034 (12/95)