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Mar 19 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 # **F95000006062 (2)**

1. Corporation Name
SUNSHINE STATE INSURANCE MANAGERS, INC.

Principal Place of Business
10151 DEERWOOD PARK BLVD
~~SUITE 400, BLDG 100~~
JACKSONVILLE FL 32256

Mailing Address
10151 DEERWOOD PARK BLVD
~~SUITE 400, BLDG 100~~
JACKSONVILLE FL 32256-0556

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 SUITE 250, BLDG 100
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 SUITE 250, BLDG 100
City & State
28
Zip 29 Country 30

4. FEI Number: ~~APPLIED FOR~~ 59-3401407 — 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
SHENKMAN, MICHAEL D
10151 DEERWOOD PARK BLVD
~~SUITE 400, BLDG 100~~
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 250, BLDG 100
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	SHENKMAN, MICHAEL D	
STREET ADDRESS	10151 DEERWOOD PARK BLVD SUITE 400 BLDG 10	
CITY-ST-ZIP	OACKSONVILLE FL 32256	
TITLE	VD	☐ DELETE
NAME	HOWSON, BRUCE K	
STREET ADDRESS	10151 DEERWOOD PARK BLVD SUITE 400 BLDG 10	
CITY-ST-ZIP	OACKSONVILLE FL 32256	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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

CR2E034 (9/96)