FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **G11383** **(8)**

1. Corporation Name
SPECIALTY UNDERWRITERS INSURANCE, INC.

Principal Place of Business	Mailing Address
633 NE 167 ST SUITE 1011 N MIAMI BCH FL 33162	633 NE 167 ST SUITE 1011 N MIAMI BCH FL 33162-2453

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1021 IVES DAIRY ROAD
22 Suite, Apt. #, etc. SUITE 109
23 City & State MIAMI, FL
24 Zip 33179 25 Country DADE

2a. Mailing Address
26 1021 IVES DAIRY ROAD
27 Suite, Apt. #, etc. SUITE 109
28 City & State MIAMI, FL
29 Zip 33179 30 Country DADE

4. FEI Number: 59-2247541 ☐ 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

LAWRENCE HORWITZ
633 NE 167TH STREET
SUITE 1011
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name LAWRENCE HORWITZ
82 Street Address (P.O. Box Number is Not Acceptable) 1021 IVES DAIRY ROAD
83 SUITE 109
84 City MIAMI FL 85 Zip Code 33179

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] LAWRENCE HORWITZ DST 4-17-97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HORWITZ, LAWRENCE		1.2 NAME	
STREET ADDRESS	633 NE 167 ST #1011		1.3 STREET ADDRESS	1021 IVES DAIRY ROAD #109
CITY-ST-ZIP	N MIAMI BCH FL		1.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOCH, ROBERT		2.2 NAME	
STREET ADDRESS	633 NE 167 ST #1011		2.3 STREET ADDRESS	1021 IVES DAIRY RD. #109
CITY-ST-ZIP	N MIAMI BCH FL 00000		2.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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: [signature] LAWRENCE HORWITZ 4-17-97 305-653-7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #