

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
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DOCUMENT # **G11383** (8)
1. Corporation Name
SPECIALTY UNDERWRITERS INSURANCE, INC.



Principal Place of Business 633 NE 167 ST SUITE 1011 N MIAMI BCH FL 33162	Mailing Address 633 NE 167 ST SUITE 1011 N MIAMI BCH FL 33162-2453
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3. Date Incorporated or Qualified 12/02/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1021 IVES DAIRY ROAD Suite, Apt. #, etc. 22 SUITE 109 City & State 23 MIAMI, FL Zip 24 33179 Country 25 DADE	2a. Mailing Address 26 1021 IVES DAIRY ROAD Suite, Apt. #, etc. 27 SUITE 109 City & State 28 MIAMI, FL Zip 29 33179 Country 30 DADE
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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	

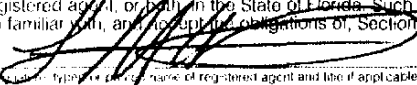
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0506, Florida Statutes.

SIGNATURE  **LAWRENCE HORWITZ DST** DATE **4-17-97**

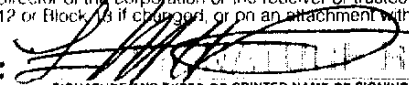
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST	☐ DELETE
NAME HORWITZ, LAWRENCE	
STREET ADDRESS 633 NE 167 ST #1011	
CITY - ST - ZIP N MIAMI BCH FL	
TITLE DP	☐ DELETE
NAME KOCH, ROBERT	
STREET ADDRESS 633 NE 167 ST #1011	
CITY - ST - ZIP N MIAMI BCH FL 00000	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS 1021 IVES DAIRY ROAD #109	
1.4 CITY - ST - ZIP MIAMI, FL 33179	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS 1021 IVES DAIRY RD. #109	
2.4 CITY - ST - ZIP MIAMI, FL 33179	
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:  **LAWRENCE HORWITZ** DATE **4-17-97** DAYTIME PHONE **305-653-7390**

CR2E034 (9/96)