

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G18883** (0)  
1. Corporation Name  
**PROGRAM UNDERWRITERS V, INC.**



Principal Place of Business

2881 W. STATE RD. 434  
STE. 200  
LONGWOOD FL 32778  
US

Mailing Address

3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066-1616  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1983

4. FEI Number

59-2258604

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 136 N. Moon Avenue  
Suite, Apt. #, etc.

22 City & State

23 Brandon, FL  
Zip Country

24 33510 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LAWRENCE BUTO % PROGRAM UNDERWRITERS  
3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name ARNOLD ZISSELMAN % Program Underwriters  
82 Street Address (P.O. Box Number is Not Acceptable)  
3700 Coconut Creek Parkway  
83  
84 City Coconut Creek FL 85 Zip Code 33071

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

4/23/98

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BUTO, LAWRENCE J.  
STREET ADDRESS 4200 NW 101 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL ☒ DELETE

TITLE DST  
NAME BUTO, FRANCES T.  
STREET ADDRESS 4200 NW 101 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE V  
NAME BAUM, ROBERT L., JR.  
STREET ADDRESS 132 POINT VIEW LANE  
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 CST ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33065

3.1 TITLE  
3.2 NAME BUTO, DONNA M.  
3.3 STREET ADDRESS 4200 N.W. 101 DRIVE  
3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME BUTO, STEPHEN  
4.3 STREET ADDRESS 11184 Lake View Drive  
4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

CR2E034 (10/97)