

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G39831** (4)

1. Corporation Name
APEX INSURANCE SERVICES, INC.



Principal Place of Business
**1013 LUCERNE AVE.
LAKE WORTH FL 33460**

Mailing Address
**P. O. BOX 1228
LAKE WORTH FL 33460
US**

3. Date Incorporated or Qualified **05/18/1983** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business
21 **2295 CORPORATE BLVD NW**
Suite, Apt. #, etc.
22 **130**
City & State
23 **BOCA RATON FLORIDA**
Zip Country
24 **33431** 25 **FLORIDA** 29 **33431** 30 **FL**

4. FEI Number **59-2288401** 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

**WIENER, MARVIN I.
2121 PONCE DE LEON BLVD., SUITE 1040
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 **PD** ☐ DELETE
NAME **JACOBSON, MARVIN A.**
STREET ADDRESS **1013 LUCERNE AVE**
CITY-ST-ZIP **LAKE WORTH FL**
TITLE **D** ☐ DELETE
NAME **JACOBSON, FRANCINE**
STREET ADDRESS **1013 LUCERNE AVE**
CITY-ST-ZIP **LAKE WORTH FL**
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 **2295 CORPORATE BLVD NW #130**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33431**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2295 CORPORATE BLVD NW #130**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33431**
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 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: *M. Jacobson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 241-5505
Date Daytime Phone #

CR2E034 (12/95)