FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:22

DOCUMENT # **G64259** **(6)**

1. Corporation Name
ESSENTIAL INSURANCE MANAGERS, INC.

Principal Place of Business	Mailing Address
233 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	233 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1983**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2356972** ☐ 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

ESSENTIAL INSURANCE MANAGERS
233 COMMERCIAL BLVD
LAUDERDALE BY-THE-SEA FL 33308

10. Name and Address of New Registered Agent

81 Name: Gregg J. Kligler
82 Street Address (P.O. Box Number is Not Acceptable): 233 Commercial Boulevard
83:
84 City: Lauderdale-by-the-Sea **FL** 85 Zip Code: 33308

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: Gregg J. Kligler — 1-16-95
Signature, typed or printed name of registered agent and title if applicable (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	S/T ☐ Change ☒ Addition
NAME	KLIGLER, GREGG	1.2 NAME	Kligler, Tamera S.
STREET ADDRESS	1471 SW 28TH TERRACE	1.3 STREET ADDRESS	1471 S.W. 28th Terrace
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KLIGLER, MILTON	2.2 NAME	
STREET ADDRESS	7563 IMPERIAL DR APT402D	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Gregg J. Kligler — **Gregg J. Kligler** — **1-16-95** — **(305) 493-9599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0213871 CP