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

APPROVED AND FILED

95 MAY -1 AM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H96521** **(0)**

1. Corporate Name

BCD INSURANCE CONSULTANTS, INC.

Principal Office Address

% WILLIAM J. OTT
17320 SW 74TH AVE
MIAMI FL 33157

Mailing Address

% WILLIAM J. OTT
17320 SW 74TH AVE
MIAMI FL 33157

3. Date Incorporated/Qualified: **01/28/1986**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 SAME

2a. Mailing Address
26 SAME

22 Suite, Apt. #

27 Suite, Apt. #

23 City & State

28 City & State

24 25 29 30

4. FEI Number: **59-2635952** 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. The corporation is a nonprofit corporation qualified pursuant to Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OTT, WILLIAM J.
17320 SW 74TH AVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0505, 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. The street address of the registered office and the name and address of the registered agent of the corporation as changed will be identical to the street address of the registered office and the name and address of the registered agent of the corporation as maintained on the records of the Department of State.

SIGNATURE

12. OFFICERS AND/OR TOP MANAGERS

PD
OTT, WILLIAM J.
17320 SW 74TH AVE
MIAMI FL

13. ADDITIONAL CHANGES TO BE FILED AT THIS TIME

☐ Delete ☐ Add

14. I hereby certify that the information indicated on this report or supplemental 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 with an asterisk.

SIGNATURE: William J Ott 4/28/95 305-251-8857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J OTT - President

0171938 CP