

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

FILED

Apr 21 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 # **J13136 (3)**
1. Corporation Name
SOUTH FLORIDA INSURANCE ASSOCIATES, INC.



Principal Place of Business 3801 N UNIVERSITY DR SUITE 318 SUNRISE FL 33351 US	Mailing Address 3801 N UNIVERSITY DR SUITE 318 SUNRISE FL 33351 US
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3. Date Incorporated or Qualified **05/06/1986** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 21 7481 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 22 Suite 102 City & State 23 Lauderhill, FL Zip 24 33319 Country 25 Broward	2a. Mailing Address 26 7481 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 27 Suite 102 City & State 28 Lauderhill, FL Zip 29 33319 Country 30 Broward
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4. FEI Number **59-2671782** 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
**CRAMMER, FELICE
3801 N UNIVERSITY DR STE 507
SUNRISE FL 33351
7481 West OAKLAND PARK BLVD.
Suite 102
Lauderhill, FL 33319**

10. Name and Address of Registered Agent
81 Name **Felice Crammer**
82 Street Address (P.O. Box Number is Not Acceptable)
7481 W. OAKLAND PARK BLVD.
83 **Suite 102**
84 City **Lauderhill** 85 Zip Code **FL 33319**

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 **Felice Crammer** DATE **4/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMMER, FELICE	1.2 NAME	
STREET ADDRESS	8282 NW 3RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, SHIRLEY A.	2.2 NAME	
STREET ADDRESS	7360 NW 36TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Felice Crammer, President** DATE **4/12/97** DAYTIME PHONE # **(954) 742-8700**

CR2E034 (9/96)