

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J13545 (5)

1. Corporation Name  
BANKERS INVESTMENT CORPORATION



Principal Place of Business

202 OSCEOLA WAY  
PALM BEACH FL 33480  
US

Mailing Address

PO BOX 322  
PALM BEACH FL 33480  
US

3. Date Incorporated or Qualified 05/09/1986 3a. Date of Last Report 07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 205 North Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27

City & State

City & State

23 PALM BEACH, FL

28

24 33480

Country

Zip

Country

29

30

4. FEI Number

59-2772907

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

SCHUMACHER, ROBERT E.  
202 OSCEOLA WAY  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name P. C. PEARCE  
82 Street Address (P.O. Box Number is Not Acceptable) 4126 Wellington Woods Circle  
83 Suite 202  
84 City KISSIMMEE FL 85 Zip Code 34741

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 P. C. Pearce P. C. Pearce, President 4-8-96  
(NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

TITLE PCE  
NAME SCHUMACHER, ROBERT E.  
STREET ADDRESS 202 OSCEOLA WAY  
CITY - ST - ZIP PALM BEACH 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

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 PRESIDENT  
12 NAME P. C. PEARCE  
13 STREET ADDRESS 4126 Wellington Woods Circle  
14 CITY - ST - ZIP SUITE 202 KISSIMMEE, FL 34741  
☐ Change ☒ Addition

2 1 TITLE DIRECTOR  
22 NAME D. M. OLIVER  
23 STREET ADDRESS 2847 KEEL COURT  
24 CITY - ST - ZIP SUITE 207 LANTANA, FL 33462  
☐ Change ☒ Addition

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
☐ Change ☐ Addition

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
☐ Change ☐ Addition

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
☐ Change ☐ Addition

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
☐ Change ☐ Addition

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: P. C. Pearce P. C. PEARCE 4-8-96(407)844-7696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E(3) (12/95)