

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00

**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 FEB 28 PM 3:34

DOCUMENT # J32780 (5)

**1. Corporation Name
REGENCY INSURANCE BROKERAGE SERVICES, INC.**

Principal Place of Business
217 E HALLANDALE BCH BLV
HALLANDALE FL 33008

Mailing Address
PO BOX 250
HALLANDALE FL 33008-0250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/05/1986
3a. Date of Last Report 07/06/1994

4. FEI Number 59-2725793
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

RIEMER, STEPHEN L
217 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33008

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 _____ (NOTE: Registered Agent signature required when registering) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

D
TITLE ADLER, MICHAEL M.
NAME 8081 SW 108TH ST
STREET ADDRESS MIAMI FL
CITY-ST-ZIP

DP
TITLE RIEMER, STEPHEN L.
NAME 20143 NE 19TH PLACE
STREET ADDRESS NORTH MIAMI BEACH FL
CITY-ST-ZIP

D
TITLE MESCON, HOWARD
NAME 9901 COLLINS AVE
STREET ADDRESS BAL HARBOUR FL
CITY-ST-ZIP

D
TITLE ADLER, HERBERT
NAME 19370 COLLINS AVE, #PH-3
STREET ADDRESS MIAMI BEACH FL
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 110.07(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/95 305-458
6323