

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K11453 (3)

1. Corporation Name

VICEROY UNDERWRITERS, INC.



Principal Place of Business

Mailing Address

% PHILIP E. MORGAMAN
PO BOX 11334 1600 W. Commercial
FT LAUDERDALE FL 33309 33309

% PHILIP E. MORGAMAN
PO BOX 11334 P.O. Box 9088
FT LAUDERDALE FL 33310

2. Principal Place of Business

21 1600 W. Commercial Blvd

2a. Mailing Address

26 P.O. Box 9088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Lauderdale, FL

City & State

28 Ft. Lauderdale FL

Zip

24 33309

Country

25 FLA

Zip

29 33310

Country

30 USA

9. Name and Address of Current Registered Agent

CAMILLO, JOHN M
1600 WEST COMMERCIAL BLVD
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0057230

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

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

Signature, typed or printed name of registered agent and their appointment

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
GADDIS, JESSE P.
STREET ADDRESS
221 W OAKLAND PARK BLVD
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
DP
MORGAMAN, PHILIP E.
STREET ADDRESS
1600 WEST COMMERCIAL BLV
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

800001778178
-04/12/96--01030--023
***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP E. MORGAMAN 4/9/96 (954) 493-6565

Date Daytime Phone #

CR2E034 (12/95)