

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 # **K24325 (8)**

1. Corporation Name

ACCREDITED INSURANCE GROUP, INC.

Principal Place of Business

**750 E. SAMPLE RD.
POMPANO BEACH FL 33064**

Mailing Address

**750 E. SAMPLE RD.
POMPANO BEACH FL 33064**

FILED
Jan 25 1996 08:00 AM
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ZELNAKA, FREDRIC
861 S.W. 21ST ST.
BOCA RATON FL 33486**

3. Date Incorporated or Qualified
05/20/1988

3a. Date of Last Report
08/10/1995

4. FEI Number
65-0073637

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 **FREDRIC ZELANKA**

82 Street Address (P.O. Box Number is Not Acceptable)
750 EAST SAMPLE ROAD

83

84 City **POMPANO BEACH** FL 85 Zip Code **33064**

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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-96

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **ZELANKA, DARELLYN**
STREET ADDRESS **861 S.W. 21 ST.**
CITY-ST-ZIP **BOCA RATON FL 33076**

TITLE **P** ☐ DELETE

NAME **ZELANKA, FREDRIC**
STREET ADDRESS **861 S.W. 21 ST.**
CITY-ST-ZIP **BOCA RATON FL 33076**

TITLE **S** ☒ DELETE

NAME **FERBER, STUART**
STREET ADDRESS **10060 N.W. 58TH ST.**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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 **D** ☒ Change ☐ Addition

1.2 NAME **DARELLYN ZELANKA**
1.3 STREET ADDRESS **750 EAST SAMPLE ROAD**
1.4 CITY-ST-ZIP **POMPANO BEACH FL 33064**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **FREDRIC ZELANKA**
2.3 STREET ADDRESS **750 EAST SAMPLE ROAD**
2.4 CITY-ST-ZIP **POMPANO BEACH FL 33064**

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 (954) 943-0533

CR2E034 (12/95)