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 # **K48246** **(8)**

1. Corporation Name

INSURANCE WORLD OF BROWARD COUNTY, INC.

Principal Place of Business
628 WEST KING STREET
COCOA FL 32922

Mailing Address
832 N DIXIE HWY
LAKE WORTH FL 33460
US

3. Date Incorporated or Qualified: 11/21/1988
3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0082525 — ☐ 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

DOBRY, HAL
10 MARTINIQUE COVE
PB GARDENS FL 33418

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
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ENLOW, LOWELL M.	
STREET ADDRESS	234 MARIAH COURT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VP	☐ DELETE
NAME	SMITH, STEPHEN M.	
STREET ADDRESS	1147 N HALIFAX DR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP	☐ DELETE
NAME	MALONE, JAMES M.	
STREET ADDRESS	2635 DUPONT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	DOBRY, HAL	
STREET ADDRESS	10 MARTINIQUE COVE	
CITY-ST-ZIP	PB GARDENS FL	
TITLE	S	☐ DELETE
NAME	LUCAS, STEVEN W.	
STREET ADDRESS	214 TIMBERCOVE CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	☐ DELETE
NAME	HAZY, VICTOR	
STREET ADDRESS	6025 NW 58TH PL	
CITY-ST-ZIP	GAINESVILLE FL	

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		

CR2E034 (12/95)

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: Hal Dobry Vice President — 2/16/96 — 407-588-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Hal Dobry VP