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

FILED
Aug 12, 1996 08:00 AM
Secretary of State

DOCUMENT # K73268 (0)

1. Corporation Name
PROFESSIONAL INSURANCE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
c/o Philip E. Morgaman P.O. BOX 9008 Fort-Lauderdale, FL 33310	c/o Philip Morgaman P.O. Box 9008 Fort-Lauderdale, FL 333 10

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O.Box 9008
Suite, Apt. #, etc
27
City & State
28 Fort-Lauderdale,FL
Zip 29 33310 Country 30

4. FEI Number: 65-0204614 ☐ 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

9. Name and Address of Current Registered Agent

Camillo, John M.
1600 W. Commercial Blvd
Ft-Lauderdale, FL 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE DC Morgaman, Philip E. 1600 W. Commercial Blvd Fort-Lauderdale, FL 33309	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition EVP Lefebre, Philip W. 1600 W. Commercial Blvd. Fort-Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE DP Stephenson, Mark 1600 W. Commercial Blvd Fort-Lauderdale, FL 33309	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition SR.VP Smith, Dennis 1600 W. Commercial Blvd Fort-Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Gaddis, Jesse P. 221 W. Oakland Pk Blvd Fort-Lauderdale, FL 33309	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition SR.VP/T Gardner, Deborah 1600 W. Commercial Blvd Fort-Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition VP Peterson, Marilyn J. 1600 W. Commercial Blvd Fort-Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300001919229 ☐ Change ☐ Addition -08/12/96--01041--045 ***225.00

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: Mark Stephenson President/Director 8/8/96 (954)493-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/12/96