

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K73268

1. Corporation Name

PROFESSIONAL INSURANCE UNDERWRITERS, INC.

Principal Place of Business

C/O PHILIP E. MORGAMAN
P.O. BOX 9008
FT. LAUDERDALE FL 33310

Mailing Address

C/O PHILIP E. MORGAMAN
P.O. BOX 9008
FT. LAUDERDALE FL 33310

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90095 024 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1989

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

JONES, MATTHEW T. ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

1600 W. COMMERCIAL BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.002 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

Matthew T. Jones, Esq.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/99

12. OFFICERS AND DIRECTORS

TITLE DC
NAME MORGAMAN, PHILIP E.
STREET ADDRESS 1600 W COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE DP
NAME STEPHENSON, MARKS
STREET ADDRESS 1600 W COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ DELETE

TITLE D
NAME GADDIS, JESSE P.
STREET ADDRESS 221 W OAKLAND PK BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ DELETE

TITLE EVP
NAME LEFEBRE, PHILIP W
STREET ADDRESS 1600 W COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ DELETE

TITLE SVP
NAME SMITH, DENNIS
STREET ADDRESS 1600 W COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☒ DELETE

TITLE SVPT
NAME GARDNER, DEBORAH
STREET ADDRESS 1600 W COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Matthew T. Jones, Esq.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK STEPHENSON, PRESIDENT

Date

3/9/99

Daytime Phone #

(954) 493-6565

PROFESSIONAL INSURANCE UNDERWRITERS, INC.

271591-90095-24
K73268

ADDITIONAL DIRECTOR:

Title: D
Name: David B. Zugman
Street Address: 4875 N. Federal Highway
City-St-Zip: Ft. Lauderdale, Florida 33308

ADDITIONAL OFFICERS:

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Gary D. Paikoff
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309