

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11680 (0)

1. Corporation Name

BROWNE AND BROWNE INSURANCE SERVICES, INC.

Principal Place of Business

1907 NORTH PINE ISLAND ROAD
PLANTATION FL 33322

Mailing Address

1907 NORTH PINE ISLAND ROAD
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1989

3a. Date of Last Report

10/04/1994

4. FBI Number

65-0141166

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. 190.037,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KAHN, ROBERT M.
5950 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33313

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 of person designated as registered agent, or the corporation)

(Signature of Registered Agent (Signature required under new rules))

(Date)

12. OFFICERS AND DIRECTORS

101

NAME

STREET ADDRESS

CITY, ST, ZIP

102

NAME

STREET ADDRESS

CITY, ST, ZIP

103

NAME

STREET ADDRESS

CITY, ST, ZIP

104

NAME

STREET ADDRESS

CITY, ST, ZIP

105

NAME

STREET ADDRESS

CITY, ST, ZIP

106

NAME

STREET ADDRESS

CITY, ST, ZIP

107

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemptions stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

305
424-3908