FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M05283** **(0)**

1. Corporation Name
BRITAMCO UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
210 UNIVERSITY DR STE 900 CORAL SPRINGS FL 33071	210 UNIVERSITY DR STE 900 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1984**
3a. Date of Last Report: **04/29/1994**

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)

4. FEI Number: **59-2472983** ☐ 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

WEICHOLZ, STEPHEN
210 UNIVERSITY DR STE 900
CORAL SPRINGS FL 33071

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
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	SO	☐ Change ☒ Addition
NAME	WEICHOLZ, STEPHEN	12 NAME	SCOTT WEICHOLZ	
STREET ADDRESS	210 UNIVERSITY DR	13 STREET ADDRESS	210 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WALKER, IAN	22 NAME		
STREET ADDRESS	210 UNIVERSITY DR	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, ALBERT S.	32 NAME		
STREET ADDRESS	210 UNIVERSITY DR	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	SUTTER, KENNETH E.	42 NAME		
STREET ADDRESS	210 UNIVERSITY DR	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	MARSH, DARREN	52 NAME		
STREET ADDRESS	210 UNIVERSITY DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	WILLIS, DENNIS	62 NAME		
STREET ADDRESS	210 UNIVERSITY DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	64 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)(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.

SIGNATURE: Albert S. Solomon, Treasurer DATE: 2/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0114934 CP