

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M05283 (0)
1. Corporation Name
BRITAMCO UNDERWRITERS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1984

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number

59-2472983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEICHOLZ, STEPHEN	
STREET ADDRESS	210 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEICHOLZ, SCOTT	
STREET ADDRESS	210 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOLOMON, ALBERT S.	
STREET ADDRESS	210 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUTTER, KENNETH E.	
STREET ADDRESS	210 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARSH, DARREN	
STREET ADDRESS	210 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIS, DENNIS	
STREET ADDRESS	210 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	MARSH, DARREN
5.4 CITY-ST-ZIP	210 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	WILLS, DENNIS
6.4 CITY-ST-ZIP	210 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

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.

SIGNATURE:

ALBERT S. SOLOMON MARCH 9, 1998 (954) 752-1222

CR2E034 (10/97)