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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M06284** (7)

1. Corporation Name

BEDROCK INSURANCE BROKERS, INC.

Principal Place of Business

**19321 NW 2ND AVE
MIAMI FL 33169**

Mailing Address

**19321 NW 2ND AVE
MIAMI FL 33169**



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

**DITZIAN, GREGG
19321 NW 2ND AVE
MIAMI FL 33169**

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 607.07(2)(b) and 607.0805, 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 obligation of, Section 607.0805, Florida Statutes.

SIGNATURE

GREGG DITZIAN
4/17/96

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **DITZIAN, GREGG E.**
STREET ADDRESS **334 POINCIANA IS DR**
CITY-ST-ZIP **N. MIAMI BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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)(k), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 incorporator 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGG DITZIAN 4/17/96 305-653-7977

CR2E034 (12/95)