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

FILED
95 JAN 25 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43378** **(2)**

1. Corporation Name
ROESONS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
7515 WEST OAKLAND PARK BLVD., SUITE 103 FT. LAUDERDALE FL 33319	C/O POOLE & GOLDSTEIN 210 N. UNIVERSITY DRIVE, SUITE #806 CORAL SPRINGS FL 33071-7394 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1986
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21 3201 N. FEDERAL HWY
Suite, Apt. #, etc.
22 #214
City & State
23 FT. LAUDERDALE
Zip 24 FL. 33306 Country 25 BROWARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2800733 ☐ 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

POOLE & GOLDSTEIN
CERTIFIED PUBLIC ACCOUNTS
210 UNIVERSITY DRIVE, SUITE 806
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ROE, BRIAN D.	1.2 NAME		
STREET ADDRESS	15401 S.W. 82ND AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☒ Change ☐ Addition
NAME	PROULX, JUDITH E.	2.2 NAME	Andrae M. Roe	
STREET ADDRESS	7060 N.W. 50TH CT,B4-302	2.3 STREET ADDRESS	15401 SW 92nd Avenue	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Miami, FL	
TITLE	TV	3.1 TITLE		☐ Change ☐ Addition
NAME	ROE, G. CHRISTOPHER	3.2 NAME		
STREET ADDRESS	RIVERVIEW ESTATE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BELIZE	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROE, GORDON A.	4.2 NAME		
STREET ADDRESS	RIVERVIEW ESTATE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELIZE	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 the address.

SIGNATURE: Brian D. Roe 11th Jan 95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR INCORPORATOR — Date — Daytime Phone Number
305-664-6704

0114378 CP