

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M43378** (2)

1. Corporation Name

ROESONS INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

**3201 N. FEDERAL HWY.
#214
FT. LAUDERDALE FL 33306
US**

**C/O POOLE & GOLDSTEIN
210 N. UNIVERSITY DRIVE, SUITE #806
CORAL SPRINGS FL 33071-7394
US**

3. Date Incorporated or Qualified
12/17/1986

3a. Date of Last Report
01/25/1995

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

29

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

10. Name and Address of New Registered Agent

**POOLE & GOLDSTEIN
CERTIFIED PUBLIC ACCOUNTS
210 UNIVERSITY DRIVE, SUITE 806
CORAL SPRINGS FL 33071**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P
ROE, BRIAN D.
STREET ADDRESS **15401 S.W. 82ND AVENUE
CITY, ST, ZIP **MIAMI FL******

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VS D.
ROE, ANDRAE M.
STREET ADDRESS **15401 SW 92ND AVE.
CITY - ST - ZIP **MIAMI FL******

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TV
ROE, G. CHRISTOPHER
STREET ADDRESS **RIVERVIEW ESTATE
CITY - ST - ZIP **BELIZE******

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D
ROE, GORDON A.
STREET ADDRESS **RIVERVIEW ESTATE
CITY - ST - ZIP **BELIZE******

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **VS
JUDITH E. PROWSE
STREET ADDRESS **3201 N. FED. HWY. - SUITE 214
CITY - ST - ZIP **FT. LAUD., FL. 33306******

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
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)(k), 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; that the registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRIAN D. ROE 23 FEB 96 954-564-6804

CR2E034 (12/95)