

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

FILED
May 09 1996 8:00 am
Secretary of State

DOCUMENT # M78787 (2)

1. Corporation Name

AFFILIATED INSURANCE SERVICES, INC.

Principal Place of Business

6045 C KIMBERLY BLVD.
N. LAUDERDALE FL 33068

Mailing Address

6045 C KIMBERLY BLVD.
N. LAUDERDALE FL 33068

2. Principal Place of Business

21 6043 Kimberly Blvd
Suite, Apt. #, etc. Suite 0

22 City & State
N. Lauderdale, FL

23 Zip Country
33068 U.S.A.

24 33068 25 U.S.A.

2a. Mailing Address

26 6043 Kimberly Blvd
Suite, Apt. #, etc. Suite 0

27 City & State
N. Lauderdale, FL

28 Zip Country
33068 U.S.A.

29 33068 30 U.S.A.

3. Date Incorporated or Qualified

05/02/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0048609

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

TURNER, OTHIEL
3741 W. BROWARD BLVD.
SUITE 201
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name Patrick Mc Gowan
82 Street Address (P.O. Box Number is Not Acceptable)
5793 N.W. 48 Drive
83
84 City Coral Springs FL 85 Zip Code 33067

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 607.0506, Florida Statutes.

SIGNATURE

Patrick Mc Gowan
Signature, typed or printed name of registered agent and title if applicable

(Not to be signed by Agent; signature required when reinstating)

5/2/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DTP
STREET ADDRESS RUBAL, MARIE
CITY-ST-ZIP 7700 S.W. 7TH PLACE
N. LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Marie Rubal
1.3 STREET ADDRESS 483 Sandy Lane
1.4 CITY-ST-ZIP Coconut Creek, FL 33067

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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 a valid address.

SIGNATURE:

Marie Rubal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-96 (954) 974-2400

CR2E034 (12/95)