

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 047 ***150.00

DOCUMENT # P04000002972

1. Entity Name

**ABACUS INSURANCE INTERMEDIARIES (AMERICAS),
INC.**



Principal Place of Business

**3120 JASMINE DR.
DELRAY BEACH FL 33483**

Mailing Address

**3120 JASMINE DR.
DELRAY BEACH FL 33483**

2. Principal Place of Business

1499 W. PALMETTO PARK RD

3. Mailing Address

1499 W. PALMETTO PARK RD

Suite, Apt. #, etc.

STE 408

Suite, Apt. #, etc.

STE 408

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

20-0566132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANUSCHAK, MICHAEL
3120 JASMINE DR.
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HANUSCHAK, MICHAEL**
CITY-ST-ZIP **3120 JASMINE DR.
DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PRICE, DAVID W**
CITY-ST-ZIP **THE DELL, 42 MILL LANE, GERRARDS CROSS
BUCKINGHAMSHIRE SL9 8DG UK**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WEST, BARRIE D**
CITY-ST-ZIP **4, THE COVENT, PETTS WOOD
KENT, UNITED KINGDOM BR6 0BU**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GREEN, ANTHONY R**
CITY-ST-ZIP **62 FOX DENE, GODALMING, SURRY
UNITED KINGDOM GU7 1YQ**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HANUSCHAK

2/25/04

Date

561-393-7660

Daytime Phone #