SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000030978 (9)**

1. Corporation Name

BEECHWOOD INSURANCE MANAGERS, INC.

Principal Place of Business	Mailing Address
8570 PHILLIPS HIGHWAY ~~SUITE 105~~ ~~JACKSONVILLE FL 32241~~ ~~US~~	8570 PHILLIPS HIGHWAY ~~SUITE 105~~ ~~JACKSONVILLE FL 32241~~ ~~US~~

3. Date Incorporated or Qualified: **04/27/1993**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 19364	26 P.O. Box 19364
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Jacksonville FLA.	28 Jacksonville, FLA.
24 Zip 32245 / 25 Country USA	29 Zip 32245 / 30 Country USA

4. FEI Number: **65-0404385** ☐ 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

SHENKMAN, MICHEAL D
~~8570 PHILLIPS HIGHWAY~~
~~SUITE 105~~
~~JACKSONVILLE FL 32241~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd
83 Bldg. 100, Suite 250
84 City: Jacksonville FL 85 Zip Code: 32256

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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHENKMAN, MICHAEL D ~~8570 PHILLIPS HIGHWAY, SUITE 105~~ JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	10151 Deerwood Park Blvd Bldg. 100 Suite 250 Jacksonville FLA. 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWSON, BRUCE K ~~8570 PHILLIPS HIGHWAY, SUITE 105~~ JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	10151 Deerwood Park Blvd. Bldg. 100, Suite 250 Jacksonville FLA. 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUHR, ARTHUR H ~~8570 PHILLIPS HIGHWAY, SUITE 105~~ JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	10151 Deerwood Park Blvd Bldg 100, Suite 250 Jacksonville FLA. 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000001910260 -08/01/96--01015--006 ***225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/10/96 _____ 9049988800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Michael D. Shenkman President & CEO