

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036621 (9)

1. Corporation Name

PIONEER INSURANCE CORP.



Principal Place of Business

4911 ROOSEVELT ST
HOLLYWOOD FL 33021

Mailing Address

P O BOX 7708
HOLLYWOOD FL 33021
US

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SAEF, ROBERT
4911 ROOSEVELT ST
HOLLYWOOD FL 33021

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 607.0701 and 607.1503, 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 607.0701, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PTD
SAEF, ROBERT M
4911 ROOSEVELT ST
HOLLYWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SVP
SAEF, MARION J
4911 ROOSEVELT ST
HOLLYWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(g), 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 prepare 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 addition only to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

(954) 985-2550

CR2E034 (12/95)