

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000057412 (7)
 1. Corporation Name
TODD A. BRANDON INSURANCE, INC.



| | |
|--|--|
| Principal Place of Business 1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146 | Mailing Address 1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2800 Ponce De Leon Blvd. | 26 2800 Ponce De Leon Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Suite 1125 | 27 Suite 1125 |
| City & State | City & State |
| 23 Coral Gables, Florida | 28 Coral Gables, Florida |
| Zip | Country |
| 24 33134 | 25 USA |
| 29 33134 | 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified 08/16/1993 | |
| 4. FEI Number 65-0430278 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

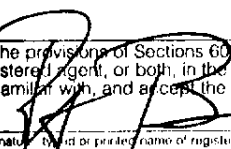
9. Name and Address of Current Registered Agent

**BREIER, ROBERT G
 1320 SOUTH DIXIE HWY.
 SUITE 830
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------|
| 81 Name Robert G. Breier, Esq. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Blvd. | |
| 83 Suite 1125 | |
| 84 City Coral Gables | 85 Zip Code FL 33134 |

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 **3/20/98**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BRANDON, TODD A |
| STREET ADDRESS | 1320 SOUTH DIXIE HWY., SUITE 830 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BRANDON, ROBERT A |
| STREET ADDRESS | 1320 SOUTH DIXIE HWY., SUITE 830 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2800 Ponce De Leon Blvd., Suite 1125 |
| 1.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2800 Ponce De Leon Blvd., Suite 1125 |
| 2.4 CITY-ST-ZIP | Coral Gables, FL 33134 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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 an address.

SIGNATURE:  DATE: **3/23/98** (305) 442-2340

CR2E034 (10/97)