

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000004277 (7)

95 APR 27 AM 7:56

ROTMAN INSURANCE CONSULTANTS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
1304 SW 160 AVE
SUITE 138
SUNRISE FL 33326

Mailing Address
1304 SW 160 AVE
SUITE 138
SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1994	3a. Date of Last Report
4. FEI Number 65-0457657	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 interest on tax under § 100 (1)(9) Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent BLOMENDEALE, ROSEANN 1304 SW 160 AVE SUITE 138 SUNRISE FL 33326	10. Name and Address of New Registered Agent 81. Name JEFFREY R. ROTMAN 82. Street Address (P.O. Box Number is Not Acceptable) 407 LAKEVIEW DR APT 101 83. 84. City FORT LAUDERDALE, FL 85. Zip Code 33326
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11. For each of the purposes of Sections 607.14(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, changing 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 **JEFFREY R. ROTMAN** *Jeffrey R. Rotman* **4-26-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D BLOMENDEALE, ROSEANN	14. TITLE DIRECTOR - PRESIDENT D-P	15. NAME JEFFREY R. ROTMAN	16. TITLE SECRETARY S
STREET ADDRESS 407 LAKEVIEW DR APT 101	17. STREET ADDRESS 1304 SW 160 AVE SUITE 138	18. STREET ADDRESS 1304 SW 160 AVE SUITE 138	19. STREET ADDRESS SUNRISE, FL 33326
CITY FT LAUDERDALE FL 33326	20. CITY SUNRISE, FL 33326	21. CITY SUNRISE, FL 33326	22. CITY SUNRISE, FL 33326
STATE FL	23. STATE FL	24. STATE FL	25. STATE FL
ZIP 33326	26. ZIP 33326	27. ZIP 33326	28. ZIP 33326
COUNTRY USA	29. COUNTRY USA	30. COUNTRY USA	31. COUNTRY USA
14. SIGNATURE <i>Roseann Blomendale</i>	15. SIGNATURE <i>Jeffrey R. Rotman</i>	16. SIGNATURE	17. SIGNATURE
18. SIGNATURE	19. SIGNATURE	20. SIGNATURE	21. SIGNATURE
22. SIGNATURE	23. SIGNATURE	24. SIGNATURE	25. SIGNATURE
26. SIGNATURE	27. SIGNATURE	28. SIGNATURE	29. SIGNATURE
30. SIGNATURE	31. SIGNATURE	32. SIGNATURE	33. SIGNATURE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in law for a 100% filer, 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or on an attachment with an address.

SIGNATURE:

Jeffrey R. Rotman **JEFFREY R. ROTMAN**
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-24-95 (305) 389-0314