

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:48

DOCUMENT # P94000017006 (5)

1. Corporation Name

F & B INSURANCE GROUP, INCORPORATED

Principal Place of Business

1515 NW 167TH ST.
SUITE 110V
MIAMI FL 33064

Mailing Address

P.O. BOX 170738
HALEAH FL 33017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0476099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

FORBES, HERBERT S JR
12085 NW 11TH AVE.
MIAMI FL 33168

10. Name and Address of Now Registered Agent

81 Name

FROBES, HERBERT S JR

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

1042 Coral Club Drive

83

84 City

Coral Springs

FL

85 Zip Code
33071

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FORBES, HERBERT S JR
12085 NW 11TH AVE.
MIAMI FL 33168

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BRADLEY, BOBBY R
2070 GRANT AVE.
OPA-LOCKA FL 33054

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

CORDERO, DONNA A
2470 NW 155TH TERR.
OPA-LOCKA FL 33054

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HOPKINS, RONALD
3110 NW 165TH ST.
OPA-LOCKA FL 33054

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WOODSON, CHERYL A PSY.D.
3511 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRESIDENT

HERBERT S. FORBES, JR.

1042 Coral Club Drive

Coral Springs, FL 33071

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

305-620-5895

Date

Telephone Number