

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000027735 (7)**

1. Corporation Name

**BRADSHAW INSURANCE SERVICES INC.**



Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD.  
MIAMI FL 33181

11900 BISCAYNE BLVD.  
MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., #, etc.

State, Apt., #, etc.

22

27

City, & State

City, & State

23

28

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

**WEIGEL, KYLE LEWIS  
175 N.W. FIRST AVE.  
SUITE 1100  
MIAMI FL 33128**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**04/12/1994**

3a. Date of Last Report

**02/22/1995**

4. FEIN Number

**65-0488168**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0501 and 607.1403, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE  DE: FILE

NAME: **DP BRADSHAW, THOMAS J.**  
STREET ADDRESS: **115 RIVIERA DR. S.**  
CITY, ST, ZIP: **MASSAPEQUA NY 11758**

2. TITLE  DE: FILE

NAME: **DVS NEGRON, CARLOS DANIEL**  
STREET ADDRESS: **11900 BISCAYNE BLVD**  
CITY, ST, ZIP: **MIAMI FL 33181**

3. TITLE  DE: FILE

NAME: **D MARTIN-CLARK, DAVID**  
STREET ADDRESS: **11900 BISCAYNE BLVD**  
CITY, ST, ZIP: **MIAMI FL 33181**

4. TITLE  DE: FILE

NAME: **D THOMPSON, MARCUS P**  
STREET ADDRESS: **11900 BISCAYNE BLVD**  
CITY, ST, ZIP: **MIAMI FL 33181**

5. TITLE  DE: FILE

NAME: **T CHAN, LAWRENCE C.**  
STREET ADDRESS: **3 PARKWOOD COURT**  
CITY, ST, ZIP: **EDISON NJ 08837**

6. TITLE  DE: FILE

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

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 that I am a trusted employee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from a past filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE CHAN**

1/29/96

201-557-7400

CR2E034 (12/95)