

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:39

DOCUMENT # P94000037289 (3)

1. Corporation Name

ASSOCIATED BUSINESS & COMMERCE INSURANCE CORPORATION

Principal Place of Business

**4700 NW BOCA RATON BLVD SUITE 400
BOCA RATON FL 33431**

Mailing Address

**4700 NW BOCA RATON BLVD SUITE 400
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0496132

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

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 the filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADER, ERROL
STREET ADDRESS	4125 SW 111 AVE
CITY - ST - ZIP	DAVIE FL 33328
TITLE	D
NAME	MARCHBANKS, LAWRENCE J
STREET ADDRESS	1344 CR 245
CITY - ST - ZIP	OXFORD FL 33484
TITLE	D
NAME	PROUT, FREDERICK R
STREET ADDRESS	336 VENETIAN DR., #2
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	WEBBER, DANIEL J
STREET ADDRESS	10743 LISBON STREET
CITY - ST - ZIP	COOPER CITY FL 33028
TITLE	D
NAME	WILSON, JAMES L
STREET ADDRESS	5224 MAJORCA CLUB DR
CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	C/D	☒ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS	4800 N. Federal Highway, #101E	
2.4 CITY - ST - ZIP	Boca Raton, FL 33431	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	T/D	☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent 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 or as an alternate agent with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry (Years)