

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037289 (3)

1. Corporation Name

ASSOCIATED BUSINESS & COMMERCE INSURANCE
CORPORATION

Principal Place of Business

Mailing Address

4700 NW Boca Raton Blvd.
Suite 400
Boca Raton, FL 33431

4700 NW Boca Raton Blvd.
Suite 400
Boca Raton, FL 33431

3. Date Incorporated or Qualified
05/13/94

3a. Date of Last Report
02/10/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0496132

Applied For
No: Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE, FL 32399

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 remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RADER, ERROL
STREET ADDRESS 4125 SW 111 AVE
CITY- ST- ZIP Davie, FL 33328

TITLE D ☐ DELETE
NAME MARCHBANKS, LAWRENCE J.
STREET ADDRESS 1344 CR 245
CITY- ST- ZIP Oxford, FL 33484

TITLE D ☐ DELETE
NAME PROUT, FREDERICK R.
STREET ADDRESS 336 Venetian Dr., #2
CITY- ST- ZIP Delray Beach, FL 33483

TITLE D ☐ DELETE
NAME WEBBER, DANIEL J.
STREET ADDRESS 10743 Lisbon Street
CITY- ST- ZIP Cooper City, FL 33026

TITLE D ☐ DELETE
NAME WILSON, JAMES L.
STREET ADDRESS 5224 Majorca Club Dr.
CITY- ST- ZIP Boca Raton, FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE D/V
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE D/C
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE D/S
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE P
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition
1555 So. Federal Hwy., #202
Delray Beach, FL 33444

☒ Change ☐ Addition
336 Venetian Dr., #4

☐ Change ☐ Addition
900001744509
-03/15/96- -01048--002
***200.00

☐ Change ☐ Addition

☐ Change ☒ Addition
NAU, JAMES R.
17574 Lake Park Road
Boca Raton, FL 33487

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Marchbanks, Chairman of the Board

Date

Daytime Phone #

2/28/96

407-394-6509

CR2F034 (12/95)