

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 25 1997 8:00am
Secretary of State

DOCUMENT # **P94000037289 (3)**

1. Corporation Name

**ASSOCIATED BUSINESS & COMMERCE INSURANCE CORPORA
TION**

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

03/15/1996

4. FEI Number

65-0493132

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BADER, ERROL | |
| STREET ADDRESS | 4125 SW 111 AVE | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | MARCHBANKS, LAWRENCE J | |
| STREET ADDRESS | 1555 N FEDERAL HIGHWAY, #202 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | PROUT, FREDERICK R | |
| STREET ADDRESS | 336 VENETIAN DR., #4 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEBBER, DANIEL J | |
| STREET ADDRESS | 10743 LISBON STREET | |
| CITY-ST-ZIP | COOPER CITY FL 33026 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILSON, JAMES L | |
| STREET ADDRESS | 5224 MAJORCA CLUB DR | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | NAU, JAMES R | |
| STREET ADDRESS | 17574 LAKE PARK ROAD | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DONALD J MORRIS | |
| 1.3 STREET ADDRESS | 6995 FAIRWAY LAKES BLVD | |
| 1.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (4/97)