

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 # P95000002049 (1)

1. Corporation Name

INSURANCE REVIEW CORPORATION



Principal Place of Business

Mailing Address

116 S.E. 6TH COURT
FORT LAUDERDALE FL 33301

116 S.E. 6TH COURT
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1500 N.W. 49th Street

26 1500 N.W. 49th Street

4. FEI Number

65-0546547

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5th Floor

27 5th Floor

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

24 33309

25 USA

Zip

Country

29 33309

30 USA

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

FISCHLER, MICHAEL A.
FISCHLER & FRIEDMAN, P.A.
116 S.E. 6TH COURT
FORT LAUDERDALE FL 33301

81 Name

ALTMAN, STUART H.

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

FOWLER, WHITE, BURNETT

83

100 S.E. 2nd STREET, 17th FLOOR

84 City

MIAMI

FL

85 Zip Code

33131

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

STUART H. ALTMAN

5/6/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME D BAXT, DAVID

1.2 NAME

STREET ADDRESS 116 S.E. 6TH COURT

1.3 STREET ADDRESS

CITY - ST - ZIP FORT LAUDERDALE FL 33301

1.4 CITY - ST - ZIP

D/P/S
1500 N.W. 49th Street, 5th Floor
FORT LAUDERDALE, FL 33309

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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4.2 NAME

STREET ADDRESS

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CITY - ST - ZIP

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TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

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 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.

Pres.

SIGNATURE:

David Baxt, -Dir

04/26/96

(954) 491-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 5/23/1996

CR2E034 (12/95)