

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # P95000043026 (0)

1. Corporation Name

STIRLING COOKE INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2801 FRUITVILLE ROAD
SUITE 250
SARASOTA FL 34237

2801 FRUITVILLE ROAD
SUITE 250
SARASOTA FL 34237



3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0586334

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 of the president or officer of the corporation and the registered agent.

Signature of the registered agent.

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
D COOPER, ALLAN G
STREET ADDRESS
14 WILMINGHAM AVE.
CITY-ST-ZIP
LONDON W4 3HA UK

TITLE ☐ DELETE

NAME
D ARNOLD, JACK F
STREET ADDRESS
6101 34TH ST. W., #20A
CITY-ST-ZIP
BRADENTON FL 34210

TITLE ☒ DELETE

NAME
D SIMPSON, DOUGLAS W
STREET ADDRESS
930 BIRD BAY WAY
CITY-ST-ZIP
VENICE FL 34292

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
D.P.
2801 FRUITVILLE RD., SUITE 250
SARASOTA, FL 34237

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
D.T.S.
PENELOPE A. COOKE
2801 FRUITVILLE RD., SUITE 250
SARASOTA, FL 34237

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack F. Arnold

JACK F. ARNOLD

6/10/96

941-316-0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)