

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 # P95000045958 (2)

1. Corporation Name

BUSINESS INSURANCE RESOURCE CORPORATION



Principal Place of Business

14060 GREENTREE DR  
WEST PALM BEACH FL 33414

Mailing Address

14060 GREENTREE DR  
WEST PALM BEACH FL 33414

2. Principal Place of Business

21 701 Northpoint Pkwy

Suite, Apt. #, etc.  
22 Suite 300

City & State  
23 West Palm Beach, FL

Zip  
24 33407

Country  
25 USA

2a. Mailing Address

26 14060 Greentree Drive

Suite, Apt. #, etc.  
27

City & State  
28 West Palm Beach, FL

Zip  
29 33414

Country  
30 USA

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

NA

4. FEI Number

65-0589665

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

TELEP, MICHAEL M  
14060 GREENTREE DR  
WEST PALM BEACH FL 33414

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 in Section 607.0505, Florida Statutes.

SIGNATURE

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

Michael Telep

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME TELEP, MICHAEL M  
STREET ADDRESS 14060 GREENTREE DR  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ DELETE  
NAME RADEMACHER, KEITH A  
STREET ADDRESS 4291 HUNTING TRAIL  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE D/VP/S/T ☒ Change ☐ Addition  
1.2 NAME Telep, Michael M  
1.3 STREET ADDRESS 14060 Greentree Dr  
1.4 CITY-ST-ZIP West Palm Beach, FL 33414

2.1 TITLE D/P ☒ Change ☐ Addition  
2.2 NAME Rademacher, Keith A  
2.3 STREET ADDRESS 4291 Hunting Trail  
2.4 CITY-ST-ZIP Lake Worth, FL 33467

3.1 TITLE ☐ 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 ☐ 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 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:

*Michael Telep*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Telep Treasurer

Date

4/12/96

Daytime Phone #

407-683-0088

CR2E034 (12/95)