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May 27 1997 8:00am
Secretary of State

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

[redacted]

Principal Place of Business	Mailing Address
14060 GREENTREE DR WEST PALM BEACH FL 33414	14060 GREENTREE DR WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: 06/08/1995
3a. Date of Last Report: NA

2. Principal Place of Business 21: ~~701 Northpoint Pkwy~~ 14060 Greentree Dr.
Suite, Apt. #, etc. 22: ~~Suite 300~~
City & State 23: West Palm Beach, FL
Zip 24: ~~33401~~ 33414 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

4. FEI Number: 65-0589665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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 (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 Michael Telep — Michael Telep — 4/12/96
Signature, typed or printed name of registered agent and title if applicable — TITLE: Registered Agent (signature required when reinstating) — DATE

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TELEP, MICHAEL M 14060 GREENTREE DR WEST PALM BEACH FL 33414	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADEMACHER, KEITH A 4291 HUNTING TRAIL LAKE WORTH FL 33467	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP/S/T Telep, Michael M 14060 Greentree Dr West Palm Beach, FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Rademacher, Keith A 4291 Hunting Trail Lake Worth, FL 33467	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1997 return never received Michael Telep 5/20/97	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600002206756 -06/10/97--01002--026 ***165.00	☐ Change ☐ Addition

ND 5/27

I 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)(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.

SIGNATURE: Michael Telep — 4/12/96