

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P95000093112 (7)

1. Corporation Name

J. B. WILLIAMS & COMPANY INSURANCE UNDERWRITERS,
INC.

Principal Place of Business

MANELLA & KARPOLZ
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

MANELLA & KARPOLZ
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-6702

2. Principal Place of Business

21 2500 Hollywood Blvd.

Suite, Apt. #, etc.

22 Suite 212

City & State

23 Hollywood, Fl.

Zip

24 33020

Country

25 Broward

2a. Mailing Address

26 2500 Hollywood Blvd.

Suite, Apt. #, etc.

27 Suite 212

City & State

28 Hollywood, Fl.

Zip

29 33020

Country

30 Broward

9. Name and Address of Current Registered Agent

KARPOLZ, JOSEPH R. ESQ.
2200 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0636103

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

10. Name and Address of New Registered Agent

81 Name

Ross H. Manella, Esq.

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

2500 Hollywood Blvd.

83

Suite 212

84 City

Hollywood,

FL

85

Zip Code

33020

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

ROSS H. MANELLA

4/27/1997

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

(X) (11) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
BERG, JOEL A
1500 CORDOVA ROAD, SUITE 306
FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
WILLIAMS, DAVID A
1500 CORDOVA ROAD, SUITE 306
FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
BERG, ROBERT B
1500 CORDOVA ROAD, SUITE 306
FORT LAUDERDALE FL 33316

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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:

Joe Berg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOE BERG

4/25/97 9541253255
Date Daytime Phone #

CR2E034 (9/96)