

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000034685 (3)

1. Corporation Name

TERZER INSURANCE EXAMINERS, INC.

Principal Place of Business

Mailing Address

6979 COLLEGE CT
DAVIE FL 33317

6979 COLLEGE CT
DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0662839

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TERZER, RONALD
6979 COLLEGE CT
DAVIE FL 33317

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> DELETE
NAME	TERZER, RONALD	
STREET ADDRESS	6979 COLLEGE CT	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TERZER, RONALD	
STREET ADDRESS	6979 COLLEGE CT	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

CR2E034 (4/97)

TERZER INSURANCE EXAMINERS, INC.

Contract Insurance Examiners
6979 College Court, Ft Lauderdale, Florida 33317
(954)474-7353

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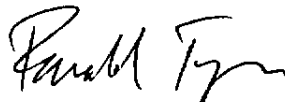
July 28, 1997

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find my completed Annual Report form and a check for \$165.00. I never received any notification prior to this one, and was not aware I needed to file an annual report. This is the first year my company has been in business. I contacted your office by telephone and explained to them that I just received this application and had not received any other notice. She advised that I send the completed form with a check in the amount of \$165.00, along with a note explaining my situation. My address is correct on your form, so I'm not sure why I never received the first notice. If you have any questions, I can be reached by telephone at 954-474-7353. Thank you.

Sincerely,



Ronald Terzer