

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.)

PS-1

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Pandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P96000034685 (3)**  
 1. Corporation Name  
**TERZER INSURANCE EXAMINERS, INC.**

Principal Place of Business <b>6979 COLLEGE CT DAVIE FL 33317</b>	Mailing Address <b>6979 COLLEGE CT DAVIE FL 33317</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>04/18/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>65-0662839</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**TERZER, RONALD  
6979 COLLEGE CT  
DAVIE FL 33317**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

500002262405--5  
 -08/08/97-01140-020  
 \*\*\*165.00 \*\*\*165.00

**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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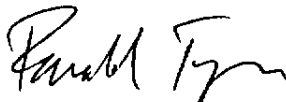
July 28, 1997

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