

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra E. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000069901**

1. Corporation Name

Contractors Surety Group, Inc.

Principal Place of Business

Mailing Address

**2654 N.W. 21st Terrace
Miami, Florida 33142**

Same

3. Date Incorporated or Qualified

8/20/96

3a. Date of Last Report

N/A

2. Principal Place of Business

21 2654 N.W. 21st Terrace

2a. Mailing Address

26 2654 N.W. 21st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

Country

24 33142 25 U.S.A.

Zip

Country

29 33142 30 U.S.A.

4. FEI Number

65-0717205

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

**Nadia Z. Prisant
2654 N.W. 21st Terrace
Miami, Florida 33142**

10. Name and Address of New Registered Agent

81 Name

John George

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

315 S.E. 7th Street

83

Suite 200

84 City

Fort Lauderdale

FL

85 Zip Code

33301

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

John George

6/10/97

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 **President** ☐ DELETE
NAME **Martin A. Prisant**
STREET ADDRESS **4400 Palm Lane**
CITY-ST-ZIP **Miami, Florida 33137**

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

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 in an attachment with an address.

SIGNATURE:

Martin A. Prisant

Martin A. Prisant, President 6/10/97 (305)

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

778-2334

CR2E034 (9/96)