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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S74879

(5)

1. Corporation Name
BASIC INSURANCE, INC.



Principal Place of Business

1921 N.W. 8TH AVE.
FT. LAUDERDALE FL 33311
US

Mailing Address

1921 N.W. 8TH AVE.
FT. LAUDERDALE FL 33311-4001
US

3. Date Incorporated or Qualified
08/21/1991

3a. Date of Last Report
07/10/1996

2. Principal Place of Business

21 6259 COUNTY LINE RD.

Suite, Apt. #, etc.

22

City & State

23 MIRAMAR, FL

Zip

24 33023

Country

25 USA

2a. Mailing Address

26 6259 COUNTY LINE RD

Suite, Apt. #, etc.

27

City & State

28 MIRAMAR, FL

Zip

29 33023

Country

30 USA

4. FEI Number

65-0288847

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

PLATT, RONALD H.
1921 N.W. 8TH AVE.
SUITE 104
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

6259 COUNTY LINE ROAD

83

84 City

MIRAMAR

FL

85 Zip Code

33023

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 POST
NAME PLATT, RONALD H.
STREET ADDRESS 1921 N.W. 8TH AVE.
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
6259 COUNTY LINE ROAD
MIRAMAR, FLORIDA 33023

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Date

Daytime Phone #

0260502

CR2E034 (9/96)