

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000035327

**Entity Name:** AGENTS INSURANCE RESOURCES, INC.

**Current Principal Place of Business:**

362 MINORCA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

362 MINORCA AVE  
CORAL GABLES, FL 33134

**FEI Number:** 65-1146704

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GODWIN, HENRY CJR.  
362 MINORCA AVE  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T, VP  
Name BAMBERGER, IVOR J  
Address 421 HOLLY LANE  
City-State-Zip: PLANTATION FL 33317

Title VP, SECRETARY  
Name WEINER, JEFF B  
Address 5605 S.W. 85TH STREET  
City-State-Zip: MIAMI FL 33156

Title V  
Name GODWIN, HENRY CJR.  
Address 7707 S.W. 181 TERRACE  
City-State-Zip: MIAMI FL 33157

Title P  
Name FALCONI, ARTHUR J  
Address 6405 LEONARD ST  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF WEINER

VP, SECRETARY

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date