

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.)

FILED
 Sep 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 160235 (8)

1. Corporation Name
INSURANCE ASSOCIATES AGENCY, INC.



Principal Place of Business C/O REEF REALTY CORP. 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180	Mailing Address C/O REEF REALTY CORP. 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Lynn W. Fromberg Suite, Apt. #, etc.	2a. Mailing Address 26 c/o Lynn W. Fromberg Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 01/18/1950	3a. Date of Last Report 03/26/1996
4. FEI Number 59-0606972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC
20801 BISCAYNE BLVD
SUITE 505
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PALLANT, JOSEPH L.	
STREET ADDRESS	2901 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FROMBERG, RHONA SUE	
STREET ADDRESS	20801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FROMBERG, LYNN W.	
STREET ADDRESS	20801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph L. Pallant	
1.3 STREET ADDRESS	1201 West Avenue #4	
1.4 CITY-ST-ZIP	Miami Beach, FL 33289-8119	
2.1 TITLE	D/V/VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rhona Sue Fromberg	
2.3 STREET ADDRESS	20801 Biscayne Boulevard, Ste 505	
2.4 CITY-ST-ZIP	Aventura, FL 33180	
3.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lynn W. Fromberg	
3.3 STREET ADDRESS	20801 Biscayne Boulevard, Ste 505	
3.4 CITY-ST-ZIP	Aventura, FL 33180	
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 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.

SIGNATURE _____ DATE **9/2/97**

CR2E034 (4/97)