

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 348619 (8)

1. Corporation Name
ADMIRAL CORPORATION



Principal Place of Business: EXECUTIVE OFFICE, 1 CORPORATE DRIVE, PALM COAST FL 32151
Mailing Address: EXECUTIVE OFFICE, 1 CORPORATE DRIVE, PALM COAST FL 32151

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional offices.

3. Date Incorporated or Qualified: 06/27/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1438029
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: CUFF, ROBERT G., JR.	1.1 TITLE:	Change/ Addition
STREET ADDRESS: EXECUTIVE OFFICE	CITY-ST-ZIP: PALM COAST FL	1.2 NAME:	
TITLE: V	NAME: GARDNER, JAMES E.	1.3 STREET ADDRESS:	
STREET ADDRESS: EXECUTIVE OFFICE	CITY-ST-ZIP: PALM COAST FL	1.4 CITY-ST-ZIP:	
TITLE: VT	NAME: ROOT, DAVID	2.1 TITLE:	Change/ Addition
STREET ADDRESS: EXECUTIVE OFFICE	CITY-ST-ZIP: PALM COAST FL	2.2 NAME:	
TITLE: AS	NAME: BRAUNSTEIN, RICHARD	2.3 STREET ADDRESS:	
STREET ADDRESS: EXECUTIVE OFFICE	CITY-ST-ZIP: PALM COAST FL	2.4 CITY-ST-ZIP:	
TITLE: P	NAME: ARBERG, LEE W.	3.1 TITLE:	Change/ Addition
STREET ADDRESS: 1 CORPORATE DR	CITY-ST-ZIP: PALM COAST FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:		3.4 CITY-ST-ZIP:	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Robert G. Cuff* Robert G. Cuff 2/13/96 (904)445-2677

CR2E034 (12/95)