

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 533356 (2)
1. Corporation Name
ARTHUR J. GALLAGHER & CO. (FLORIDA)



Principal Place of Business 8355 NW 53 ST C/O PRENTICE-HALL CORPORATION SYSTEM, INC. MIAMI FL 33186 US	Mailing Address TWO PIERCE PLACE C/O PRENTICE-HALL CORPORATION SYSTEM, INC. ITASCA IL 60143-3141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1977	
21 8300 N.W. 53RD STREET	26 TWO PIERCE PLACE, ATTN: CORP. TAX	4. FEI Number 59-1743669		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 SUITE 350	27 23 RD FLOOR	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 MIAMI, FL	28 ITASCA, IL				
Zip	Country	Zip	Country		
24 33166	25 USA	29 60142	30 USA		

g. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		81 Name		10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLOHERTY, MICHAEL J		1.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		1.4 CITY-ST-ZIP	
TITLE ASVP	<input type="checkbox"/> DELETE	2.1 TITLE AP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, JOSEPH G		2.2 NAME JOSEPH BERNARD, JR.	
STREET ADDRESS 8300 NW 53RD STREET, #350		2.3 STREET ADDRESS 8310 NW 53 RD ST., SUITE 350	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33166	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLAGHER JR, J P		3.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRAUCH, MARK P.		4.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FASIG, CARL E.		5.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN DER VOORT, GARY M		6.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		6.4 CITY-ST-ZIP	

14. I 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]* _____
Date: **4-27-98**
Daytime Phone #: **630-773-3800**

CR2E034 (10/97)

ARTHUR J. GALLAGHER & CO. (FLORIDA)

Incorporated : Florida
Date : 05/06/77
% Ownership : 100% Arthur J. Gallagher & Co.
Federal ID # : 59-1743669

CAPITAL STOCK:

Common

Price/Par Value: \$1.00

Authorized: 1,000
Outstanding: 1,000

DIRECTORS:

Michael J. Cloherty	Director
J. Patrick Gallagher, Jr.	Director
Gary M. Van der Voort	Director

OFFICERS:

J. Patrick Gallagher, Jr.	President
Joseph Besnard, Jr.	Area President
Gregory Butterfield	Area President
David L. Marcus	Area President
Glenn R. Tobey	Area President
Michael J. Cloherty	Vice President - Finance
John C. Rosengren	Vice President and General Counsel
David R. Long	Vice President
Gary M. Van der Voort	Vice President
Antonio B. Abella	Area Senior Vice President
Donald Miller	Area Senior Vice President
Brian P. McPartland	Area Vice President
Nayla Zacur	Area Vice President
Mark P. Strauch	Treasurer
Jack H. Lazzaro	Controller
Andres Santa	Area Controller
Carl E. Fasig	Secretary
Christine D. Greb	Assistant Secretary

Purpose of Business:

Insurance Agency and Brokerage

Primary Address:

**Koger Executive Center
8300 N.W. 53rd Street, Suite 350
Miami, FL 33166**