

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 669682 (7)
1. Corporation Name
FLORIDA INTERNATIONAL INDEMNITY COMPANY



Principal Place of Business: **27 E. ROBINSON STREET ORLANDO FL 32801**
Mailing Address: **27 E. ROBINSON STREET ORLANDO FL 32801**

3. Date Incorporated or Qualified: **05/09/1980**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1993236**
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
**INSURANCE COMMISSIONER
THA CAPITAL BLDG.
C/O BILL GUNTER
TALLAHASSEE FL 32301**

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: **FL**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, JAMES A	
STREET ADDRESS	2139 POPLAR FALLS RD.	
CITY - ST - ZIP	LITHONIA, GA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMPSON, PHILLIP J	
STREET ADDRESS	10604 BLOOMINGDALE AVE	
CITY - ST - ZIP	RIVERVIEW, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LORENZ, KARL K., JR	
STREET ADDRESS	4325 MEADOWOOD ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, FARRIS A	
STREET ADDRESS	2139 POPLAR FALLS RD.	
CITY - ST - ZIP	LITHONIA, GA 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, C GLENN	
STREET ADDRESS	4476 FREEMAN CT	
CITY - ST - ZIP	NORCROSS, GA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. 1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	ALEXANDER, JAMES A	
1. 3 STREET ADDRESS	3240 GLENCREE NW	
1. 4 CITY - ST - ZIP	LITHONIA GA 30058-6375	
2. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME		
2. 3 STREET ADDRESS		
2. 4 CITY - ST - ZIP		
3. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME		
3. 3 STREET ADDRESS		
3. 4 CITY - ST - ZIP		
4. 1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	ALEXANDER, FARRIS A	
4. 3 STREET ADDRESS	3240 GLENCREE NW	
4. 4 CITY - ST - ZIP	LITHONIA, GA 30058-6375	
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 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 its 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 amendment with an address.

SIGNATURE: _____ DATE: **4/19/96** (770) 981 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)