

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 032 ***150.00

DOCUMENT # **F52026**

1. Entity Name
JOHN B ALDEN INSURANCE AGENCY OF FLORIDA,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 SE 17th St.		3. Mailing Address 1300 SE 17th St.	
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. 220	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33316	Country US	Zip 33316	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2138397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Frank Atlass
Street Address (P.O. Box Number is Not Acceptable) 1300 SE 17th St.
Suite 220
City Ft. Lauderdale
State FL
Zip Code 33316

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

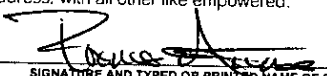
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Atlass, Frank 1300 SE 17th St. Suite 220 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gallaudet, James 1300 SE 17th St. Suite 220 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Atlass, Sally K 1300 SE 17th St. Suite 220 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **954-525-0582**
Date Daytime Phone #

FRANK ATLASS, PRES

CR2E034B (12/01)