

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 # **F67995** (3)

1. Corporation Name
S & L INSURANCE ASSOCIATES, INC.



Principal Place of Business
16681 MCGREGOR BLVD #306 FT MYERS FL 33908 US

Mailing Address
PO BOX 07100 FT MYERS FL 33919 US

3. Date Incorporated or Qualified **02/22/1982** 3a. Date of Last Report **04/18/1995**

21. Principal Place of Business
8841 College Pkwy
 State, Apt. #, etc.
Suite 105
 City & State
FT MYERS FL
 Zip Country
33919 Lee

22. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2183930** 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
**LEPERA, JAMES
 16681 MCGREGOR BLVD #306 FT MYERS FL 33908**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Number is Not Applicable)
8841 College Pkwy
 83 **Suite 105**
 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *James Le Pera* **JAMES LE PERA Pres** 1/30/96

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	LEPERA, JAMES	
3. STREET ADDRESS	6700 WINKLER RD STE 7	
4. CITY - ST - ZIP	FT MYERS, FL 00000	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME		
3. STREET ADDRESS	8841 College Pkwy	
4. CITY - ST - ZIP	ste 105	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add on
14. NAME		
15. STREET ADDRESS		
16. 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 if changed, or on an attachment with an address.

SIGNATURE: *James Le Pera* 1/30/96 941-489-1212

CR2E034 (12/95)