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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000002135 (1)
 1. Corporation Name:
CUENCA & ASSOCIATES INSURANCE AGENCY, INC.



Principal Place of Business: **2701 PARK MARINA DR. FIRST FLOOR REDDING CA 96001-2805**
 Mailing Address: **2701 PARK MARINA DR. FIRST FLOOR REDDING CA 96001-2805**

3. Date Incorporated or Qualified: **04/25/1994** 3a. Date of Last Report: **03/08/1996**
 4. FEI Number: **94-2156207** 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

2. Principal Place of Business: **2701 PARK MARINA DR. FIRST FLOOR REDDING CA 96001-2805**
 2a. Mailing Address: **P.O. Box 991850**
 22. Suite, Apt. #, etc.:
 23. City & State: **Redding CA**
 24. Zip: **96001-2805** Country: **USA**

9. Name and Address of Current Registered Agent:
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. State: **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: **N/A** DATE: _____
(Signature required to print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PTD CUENCA, HENRY R	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	10113 ORIOLE LN.	1.3 STREET ADDRESS:	
CITY, ST, ZIP:	PALO CEDRO CA 96073	1.4 CITY-ST-ZIP:	
	SD CUENCA, MARY ANNE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	10113 ORIOLE LN.	2.1 TITLE:	
CITY, ST, ZIP:	PALO CEDRO CA 96073	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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 thereof; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with this filing.

SIGNATURE: _____ Date: **03-11-97** Daytime Phone #: **916-225-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)