

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:25

DOCUMENT # F94000005064 (0)

1. Corporation Name

PROTECTIVE FINANCIAL & INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

800 SANTA BARBARA STREET
SANTA BARBARA CA 93101

800 SANTA BARBARA STREET
SANTA BARBARA CA 93101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/29/1994

4. FEI Number

Applied For

68-0231825

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSCHBAUM, STEVEN
8333 WEST MCNAB ROAD, STE 228
TAMARAC FL 33321-3203

81 Name

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PCD
NAME: CORRIGAN, MICHAEL E
STREET ADDRESS: 622 COWLES ROAD
CITY-ST-ZIP: SANTA BARBARA CA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VD
NAME: DESILVA, ANURA
STREET ADDRESS: P.O. BOX 374
CITY-ST-ZIP: OXNARD CA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: D
NAME: BEIL, ALLAN
STREET ADDRESS: 2540 ORANGEWOOD PLACE
CITY-ST-ZIP: SIMI VALLEY CA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D
NAME: HOLLANDER, JEFFREY
STREET ADDRESS: 2719 ANZA TRAIL
CITY-ST-ZIP: PALM SPRINGS CA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Delete

TITLE: S
NAME: PICKETT, MALCOLM
STREET ADDRESS: 1305 SHANE LANE
CITY-ST-ZIP: TEMPLETON CA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: D
NAME: RICHMOND, MARK
STREET ADDRESS: 1015 B JUAREZ STREET
CITY-ST-ZIP: NAPA CA

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Delete

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 110.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

5/16/95

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