

**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 # **F94000006119 (1)**

1. Corporation Name

**CBC INSURANCE AGENCY SERVICES, INC.**



Principal Place of Business

Mailing Address

8TH FL.  
1201 N. MARKET STREET  
WILMINGTON DE 19801  
US

301 GIBRALTAR SUITE 2A  
MORRIS PLAINS NJ 07950

3. Date Incorporated or Qualified  
**11/30/1994**

3a. Date of Last Report  
**01/31/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**51-0351178**

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324

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 date 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	D	<input type="checkbox"/> DELETE
NAME	CUNEO, NGAIRE	
STREET ADDRESS	18053 SEDGEMOOR CL	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	LEONARD, ROBERT C.	
STREET ADDRESS	ONE E. RIVER PL, 525 E 72ND STREET	
CITY-ST-ZIP	NY NY	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	PORTNER, FRED E.	
STREET ADDRESS	80 S. VANDORAN ELLE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	V M	<input type="checkbox"/> DELETE
NAME	GABRIEL, JONATHAN P	
STREET ADDRESS	7 DOGWOOD DR	
CITY-ST-ZIP	NESHANIC STA NJ 08853	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUEVARA, CARLOS J	
STREET ADDRESS	92 BEECHWOOD CIRCLE	
CITY-ST-ZIP	NESHANIC NJ 08853	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CATAPANO, KIMBERLY E.	
STREET ADDRESS	8 MOURNING DOVE COURT	
CITY-ST-ZIP	HACKETTESTOWN NJ	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric S. Tooker	
1.3 STREET ADDRESS	11825 N. Pennsylvania Ave.	
1.4 CITY-ST-ZIP	Carmel, IN 46032	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David S. Barra	
2.3 STREET ADDRESS	11825 N. Pennsylvania Ave.	
2.4 CITY-ST-ZIP	Carmel, IN 46032	
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 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 amendment with an address.

SIGNATURE:

*Jonathan P. Gabriel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan P. Gabriel

1/17/96

202-539-3434

Date

Director's Phone #

CR2E034 (12/95)