

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 # P 01308 (6)

1. Corporation Name

AMERICAN INSURANCE CONSULTANTS, INC.

Principal Place of Business

**13245 Riverside Dr.
Sherman Oaks, CA 91423**

Mailing Address

**P.O. Box 6011
Sherman Oaks, CA 91413-6011
US**

3. Date Incorporated or Qualified

03/21/1984

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FET Number

95-3878377

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

**CURCIO, JOAN MARIE
10825 NW 21ST Street
Pembroke Pines FL 33029**

10. Name and Address of New Registered Agent

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

City shown, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~PD
PARKER, DONALD C.
13245 Riverside Dr. 6th Floor
Sherman Oaks, CA 91423~~

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PARKER, DONALD C.
13245 Riverside Dr. 6th Floor
Sherman Oaks, CA 91423

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
TOST, JULIE E.
13245 Riverside Dr. 6th Floor
Sherman Oaks, CA 91423

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
HOWARD, LEO J.
16255 Ventura Blvd. S700
Encino, CA

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

**600001783476
-04/17/96--01025--007
***200.00**

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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **PRESIDENT**

4-9-96

818-905-1200

[Handwritten initials]
4-16-96

CR2E034 (12/95)