

**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 # P94000057116 (3)

1. Corporation Name  
**CF INSURANCE SERVICES, INC.**



Principal Place of Business: 171 W ORANGE ST APOPKA FL 32703 US  
Mailing Address: 171 WEST ORANGE STREET APOPKA FL 32703

3. Date Incorporated or Qualified: 08/02/1994  
3a. Date of Last Report: 04/21/1995  
4. FEI Number: 59-3260662  
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 (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

DECLUE, LESTER  
171 WEST ORANGE STREET  
APOPKA FL 32703

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: *Lester Declue* Lester Declue DATE: 4-17-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DECLUE, LESTER	1.1 TITLE	
NAME	DECLUE, LESTER	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	171 WEST ORANGE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	VD DECLUE, CHRISTOPHER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECLUE, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	171 WEST ORANGE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	TSD DECLUE, MELINDA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECLUE, MELINDA	3.2 NAME	
STREET ADDRESS	171 WEST ORANGE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: *Lester Declue* Lester Declue President DATE: 4-17-96 DAYTIME PHONE #: 407-884-7843

CR2E034 (12/95)