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Apr 30 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 # P96000096356 (6)

1. Corporation Name
THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.



Principal Place of Business: 861 PISA LANE POINCIANA FL 34758-4308
Mailing Address: 861 PISA LANE POINCIANA FL 34758-4308

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report

2. Principal Place of Business: 526-A Emmett St.
2a. Mailing Address: P.O. Box 423087

4. FEI Number: 59-3428004
Applied For: Not Applicable

22. City & State: Kissimmee, FL.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: Kissimmee, FL.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 34741, Country: Osceola
29. Zip: 34742, Country: Osceola

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

9. Name and Address of Current Registered Agent: RAMOS, JUSTINA 861 PISA LANE POINCIANA FL 34758-4308

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: [Signature] 04/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAMOS, JUSTINA	
STREET ADDRESS	861 PISA LANE	
CITY-ST-ZIP	POINCIANA FL 34758-4308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAMOS, RUBEN	
STREET ADDRESS	861 PISA LANE	
CITY-ST-ZIP	POINCIANA FL 34758-4308	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ILIANA	
STREET ADDRESS	861 PISA LANE	
CITY-ST-ZIP	POINCIANA FL 34758-4308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] 04/22/97 (407) 846-1648

CR2E034 (9/96)