

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # **S52337** (0)
1. Corporation Name
C & L INSURANCE, INC.



Principal Place of Business
**7251 W. PALMETTO PARK RD.
2ND FLOOR
BOCA RATON FL 33433**

Mailing Address
**7251 W. PALMETTO PARK RD.
2ND FLOOR
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7301 W. Palmetto Pk Rd.		2a. Mailing Address 26 7301 W. Palmetto Pk. Rd.		3. Date Incorporated or Qualified 05/07/1991	
Suite, Apt. #, etc. 22 101-C		Suite, Apt. #, etc. 27 101-C		4. FEI Number 65-0260433	
City & State 23 Boca Raton, FL		City & State 28 Boca Raton, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33433		Zip 29 33433		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOFFMAN, MARCK H ESQ
7251 W PALMETTO PARK RD
STE. 200
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name **Nancy E. Crown, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
7301 West Palmetto Pk. Road
83 Suite **104-B**
84 City **Boca Raton** 85 Zip Code **FL 33433**

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

Nancy E. Crown, Esq.

7/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	COSTOLO, MICHAEL (SPELL	1.2 NAME	Costolo, Michael
STREET ADDRESS	7251 W. PALMETTO PK. RD.	1.3 STREET ADDRESS	7301 W. Palmetto Pk. Rd., Ste 101-C
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

[Signature]

7-8-98

S52337-3730

CR2E034 (5/98)