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Feb 11 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 # S61924 (4)

1. Corporation Name
G.W.E. INSURANCE AGENCY INCORPORATED



Principal Place of Business: 35250 S.W. 177 COURT FLORIDA CITY FL 33034
Mailing Address: 35250 S.W. 177 COURT FLORIDA CITY FL 33034-5616

3. Date Incorporated or Qualified: 06/25/1991
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0340585
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

KENNEDY, ROBERT J.
35250 S.W. 177 COURT
FLORIDA CITY FL 33034

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert J. Kennedy (with signature) Feb 4, 1997 (with date)
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KENNEDY, ROBERT J.	
STREET ADDRESS	35250 S.W. 177 COURT	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	DELETE
NAME	MORSE, EDWARD J.	
STREET ADDRESS	35250 S.W. 177 COURT	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	DELETE
NAME	JACOBSON, DEBORAH A.	
STREET ADDRESS	2125 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	Change Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		Change Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		Change Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V.P., Secretary/Treasurer	Change Addition
42 NAME	Donald A. MacInnes	
43 STREET ADDRESS	5975 S.W. 102nd Street	
44 CITY-ST-ZIP	Miami, FL 33156	
51 TITLE		Change Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		Change Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Kennedy (with signature) 2/4/97 305-246-3415 (with date and phone number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)