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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 019297

(2)

1. Corporation Name FEDERAL FIRE AND CASUALTY COMPANY Principal Place of Business Mailing Address 300 71ST STREET, SUITE 300 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141						
	,,, <u>,</u>	minimi bestore i e del	•	3. Date Incorporated or Qualified 02/22/1947	3a. Date of Last Repor 02/02/1995	t
2. Principal Place of Business		2a. Mailing Address		4. FEt Number 59-0576022	Appl	ied For Applicable
Suite Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27		b. Certificate of Status Desired	Fee Requ	
Gity & Stafi	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 M	
Zip	Country	Zip	Country	This corporation has liability for	Added to	
24]	25	29	30		No	.002,
	9. Name and Address of Currer	nt Registered Agent	art ii	10. Name and Address of New I	Registered Agent	
ANDDE	WS, JOYCE E.		81 Name			
	ST STREET, SUITE 300		82 Street Add	lress (P.O. Box Number is Not Acceptat	ole)	
	BEACH FL 33141		83			
			84 City		85 Zip Co	.do
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OF FEGURALES	'BO AUBRE OF BOTH. IN THE STATE OF FIONS	da. Suco chanoe was alimon	700 fiv the comporation e boa	oration submits this statement for the pure of directors. I hereby accept the app	rpose of changing its regist pointment as registered age	tered office nt. I am
ramiliar Wi	th, and accept the obligations of, Sect	ion 607.0505, Florida Statute	9			
CHONELATINA			J .			
SIGNATURE	Styriction, typical or printed name of registered agent		OTE. Registered Agent signature require	ed when reinstahing!	DATE	
12.	OFFICERS ANI	arctice Largituatiles (N		ed when reinstainig ADDITIONS/CHANGES TO OFF		N 12
12. Inct	OFFICERS ANI	auctine tapplicatios (N	OTE Rugistered Agent signature require 13. 1.1 TITLE		ICERS AND DIRECTORS I	N 12 Addition
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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: JOSTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/868-2980