

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018287 (3)
1. Corporation Name
FEDERAL FIRE AND CASUALTY COMPANY



Principal Place of Business 300 71ST STREET, SUITE 300 MIAMI BEACH FL 33141	Mailing Address 300 71ST STREET, SUITE 300 MIAMI BEACH FL 33141-3038
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1947	3a. Date of Last Report 03/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0576022		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country	30 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, JOYCE E.
300 71ST STREET, SUITE 300
MIAMI BEACH FL 33141**

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 607.0506, Florida Statutes.

SIGNATURE

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	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABESS, LEONARD L., JR			1.2 NAME			
STREET ADDRESS	5255 COLLINS AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	ABESS, BERTHA U.			2.2 NAME			
STREET ADDRESS	5255 COLLINS AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	ABESS, LEONARD L.			3.2 NAME			
STREET ADDRESS	5255 COLLINS AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	ANDREWS, JOYCE E.			4.2 NAME			
STREET ADDRESS	300 71ST STREET, #300			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
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 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: *Joyce E. Andrews*
Joyce E. Andrews, Secretary

3-11-97

305/868-2980

CR2E034 (9/96)