

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **160235** (8)

1. Corporation Name
INSURANCE ASSOCIATES AGENCY, INC.



Principal Place of Business C/O REEF REALTY CORP. 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180	Mailing Address C/O REEF REALTY CORP. 20801 BISCAYNE BLVD., STE. 505 N. MIAMI BCH. FL 33180
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Lynn W. Fromberg Suite, Apt. #, etc.		2a. Mailing Address 26 c/o Lynn W. Fromberg Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1950	3a. Date of Last Report 03/26/1996
22 City & State		27 City & State		4. FEI Number 59-0606972	Applied For <input type="checkbox"/> Not Applicable
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC 20801 BISCAYNE BLVD SUITE 505 NORTH MIAMI BEACH FL 33180				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALLANT, JOSEPH L.			1.2 NAME	Joseph L. Pallant		
STREET ADDRESS	2901 S. BAYSHORE DR.			1.3 STREET ADDRESS	1201 West Avenue #4		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami Beach, FL 33289-8119		
TITLE	VAS	<input type="checkbox"/> DELETE		2.1 TITLE	D/V/AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROMBERG, RHONA SUE			2.2 NAME	Rhona Sue Fromberg		
STREET ADDRESS	20801 BISCAYNE BLVD.			2.3 STREET ADDRESS	20801 Biscayne Boulevard, Ste 505		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Aventura, FL 33180		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROMBERG, LYNN W.			3.2 NAME	Lynn W. Fromberg		
STREET ADDRESS	20801 BISCAYNE BLVD.			3.3 STREET ADDRESS	20801 Biscayne Boulevard, Ste 505		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Aventura, FL 33180		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 _____

CR2E034 (4/97)