

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

FILED

Apr 15 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 # **169467** (8)
1. Corporation Name
MOORE INSURANCE AGENCY INC



Principal Place of Business 1221 BRICKELL AVE. SUITE 1600 MIAMI FL 33131 US	Mailing Address C/O CHARLES B. STUZIN 1221 BRICKELL AVE 16TH FLOOR MIAMI FL 33131-3224
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2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 700 City & State 23 Coral Gables, FL Zip 24 33134 Country 25 USA		2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 700 City & State 28 Coral Gables, FL Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 06/23/1952	3a. Date of Last Report 01/23/1996
		4. FEI Number 59-0878054		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**STUZIN, CHARLES B
1221 BRICKELL AVENUE - 16TH FLOOR
MIAMI, FL
33131**

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

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	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUZIN, RUTH E	12 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	ASAT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMNER, ALFRED R	22 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE - 16TH FLOOR	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	ASAT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRILLING, MORTON	32 NAME	
STREET ADDRESS	1221 BRICKELL AVE., 16TH FLOOR	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	VPST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUZIN, CHARLES BRYAN	42 NAME	
STREET ADDRESS	1221 BRICKELL AVE., 16TH FLOOR	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	ASAT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUZIN, ROSALYN F.	52 NAME	
STREET ADDRESS	1221 BRICKELL AVE - 16TH FL	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0124045

CR2E034 (9/96)