

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

FILED

**Jan 28 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 # 202736 (5)
1. Corporation Name
SEDGWICK JAMES OF FLORIDA, INC.

Principal Place of Business ONE FINANCIAL PLAZA, SUITE 2400 FT LAUDERDALE FL 33394	Mailing Address 1000 RIDGEWAY LOOP RD P.J. ROBINSON, LEGAL DEPT MEMPHIS TN 38120-4021 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/22/1957	3a. Date of Last Report 02/07/1996
4. FEI Number 59-0819578	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature: Agent to protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	O'DAY, JOHN E	
STREET ADDRESS	5350 POPLAR AVE	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORFORD, DONALD, K	
STREET ADDRESS	600 MONTGOMERY ST	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BENSON, ROBERT T	
STREET ADDRESS	720 GOODLETTE RD	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALEY, QUILL O.	
STREET ADDRESS	1285 AVE OF THE AMERICAS	
CITY - ST - ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, ALAN, B	
STREET ADDRESS	5350 POPLAR AVE	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	5350 POPLAR AVE	
CITY - ST - ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 Ridgeway Loop Road
1.4 CITY - ST - ZIP	Memphis TN 38120
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald J. Kutella
2.3 STREET ADDRESS	1000 Ridgeway Loop Road
2.4 CITY - ST - ZIP	Memphis TN 38120
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3333 Peachtree Road NE
4.4 CITY - ST - ZIP	Atlanta GA 30326
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1000 Ridgeway Loop Road
5.4 CITY - ST - ZIP	Memphis TN 38120
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1000 Ridgeway Loop Road
6.4 CITY - ST - ZIP	Memphis TN 38120

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, 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: *Pattie J. Robinson* 1/17/97 904-684-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)