

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **221310** (6)
1. Corporation Name
HILB, ROGAL AND HAMILTON COMPANY OF FORT LAUDERDALE

Principal Place of Business
**1000 CORPORATE DRIVE
SUITE 100
FT. LAUDERDALE FL 33334
US**

Mailing Address
**P.O. BOX 24527
FT. LAUDERDALE FL 33307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1959	
21	Suite, Apt. #, etc.	26	4235 Innslake Drive	4. FEI Number 59-0868164	Applied For Not Applicable
22	City & State	27	Glen Allen, VA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	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	
25		30	Country		

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 **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	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX, RICHARD W JR	1.2 NAME	Timothy J. Korman
STREET ADDRESS	1000 CORPORATE DRIVE, STE. 100	1.3 STREET ADDRESS	4235 Innslake Drive
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	1.4 CITY - ST - ZIP	Glen Allen, VA 23060
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPIN, JOHN S	2.2 NAME	Walter L Smith
STREET ADDRESS	1000 CORPORATE DRIVE, STE. 100	2.3 STREET ADDRESS	4235 Innslake Drive
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	2.4 CITY - ST - ZIP	Glen Allen, VA 23060
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGAN, THOMAS B JR	3.2 NAME	
STREET ADDRESS	1000 CORPORATE DRIVE, STE. 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURINGER, CLEMENS	4.2 NAME	
STREET ADDRESS	1000 CORPORATE DRIVE, STE. 100	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARD, ROCCI	5.2 NAME	
STREET ADDRESS	1000 CORPORATE DRIVE, STE. 100	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGAL, ANDREW L	6.2 NAME	
STREET ADDRESS	4235 INNSLAKE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GLEN ALLEN VA	6.4 CITY - ST - ZIP	

14. I 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: *Walter L Smith* 4/6/98 *207747650*

CR2E034 (10/97)