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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **237658** **(0)**

1. Corporation Name

PALM LANE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
6620 NW 41 ST CORAL SPRINGS FL 33067	6620 NW 41 ST CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: **06/23/1960**
3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-0901877** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCNAMARA, JOANNE
6620 NW 41 STREET
CORAL SPRINGS FL 33067

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 changing it) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	SHERMAN, ALVIN		1.2 NAME	
STREET ADDRESS	6620 NW 41 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	FINK,RUTH		2.2 NAME	
STREET ADDRESS	6620 NW 41 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	ROBINS, BARBARA FINK		3.2 NAME	
STREET ADDRESS	6620 NW 41 STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	P	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MCNAMARA, JOANNE		4.2 NAME	
STREET ADDRESS	6620 NW 41 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: √ Joanne McNamara 1/29/96 305 345 8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

President

CR2E034 (12/95)