

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 240846 (6)
1. Corporation Name
ADAE & HOOPER INSURANCE, INC.



Principal Place of Business Mailing Address
**% CARY, ELTON M.
12651 S. DIXIE HWY
MIAMI FL 33156
US**

3. Date Incorporated or Qualified **10/05/1960** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **7501 NW 4 ST** 26 **7501 NW 4 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 210** 27 **# 210**
City & State City & State
23 **PLANTATION, FL** 28 **PLANTATION, FL**
Zip Country Zip Country
24 **33317** 25 **BROWARD** 29 **33317** 30 **BROWARD**

4. FEI Number **59-0908832** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CARY, ELTON
12651 S. DIXIE HWY
MIAMI BEACH FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **720 NE 69 ST**
83 **12 W TOWERS**
84 City **MIAMI** FL 85 Zip Code **33138**

11. Pursuant to the provisions of Sections 607.0502 and 607.150F, 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 typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPOONER, NANCY J	
STREET ADDRESS	400 402 NE 108TH ST	
CITY - ST - ZIP	MIAMI, FL 33181	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARY, ELTON, M.	
STREET ADDRESS	12651 S. DIXIE HWY	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARY, IRENE	
STREET ADDRESS	12651 S DIXIE HWY	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COKE, L. A	
STREET ADDRESS	600 N PINE ISLAND RD	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	720 NE 69 ST, 12W TOWERS	
2.4 CITY - ST - ZIP	MIAMI, FL 33138	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARY, IRENE	
3.3 STREET ADDRESS	720 NE 69 ST, 12W TOWERS	
3.4 CITY - ST - ZIP	MIAMI, FL 33138	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7501 NW 4 ST, # 210	
4.4 CITY - ST - ZIP	PLANTATION, FL 33317	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k) 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: **ELTON M. CARY** 4/26/96 954-583-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day-Mo-Year) Telephone #

CR2E034 (12/95)