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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996			ry of State CORPORATIONS			
OCUMENT # 2	97611	(6)				
J.M. KOLISCH INSURAN	NCE, INC.			 	 1981 1984 1986 1986 19	##) #1#14 #(#((1884
pipal Place of Business	Mail	ing Address				
ALMERIA AVENUE RAL GABLES FL 33134		ALMERIA AVENUE DRAL GABLES FL 3313	94			
				Date Incorporated or Qualified 10/12/1965	3a. Date of Last 03/23/1	
ricipal Place of Business	2a. M 26	Mailing Address		4. FEI Number 59-1118429		Applied For Not Applicab
ite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	4 1	75 Additional e Required
y & State	[28]	Orty & State		6. Election Campaign Financing Trust Fund Contribution	55.	00 May Be
Countr 25	29		Country 30	8. This corporation has liability for in		
9. Name and Addre	ess of Current Registe	red Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
KOLISCH, JAMES M. 90 ALMERIA AVE. CORAL GABLES FL 33134				fress (P.O. Box Number is Not Acceptable	(a)	
				TO SON HUMBON IS NOT NOOSPIADA		
JUNAL GABLES PL 33134			83			
			84 City		85	Zip Code
Pursuant to the provisions of Section registered agent, or both, in the amiliar with, and accept the obliga	ons 607.0502 and 607.1 State of Florida, Such cutions of, Section 607.05	1508, Florida Statutes, hange was authorized 05, Florida Statutes	[],	oration submits this statement for the purp and of directors. I hereby accept the appo		-
ATURE Superture, typed or printed name		ficable (NOT)	[],	ed wher reinstaling)	cose of changing its intraent as register	s registered offi ed agent. I am
VTURE Supporture, by set or printed name	of registered agent and little it appli OF FICERS AND DIRECTO	ficable (NOT)	the above-named corpo by the corporation's boa Registered Agent signature require		cose of changing its intraent as register	s registered offi ed agent. I am FORS IN 12
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SIGNATURE:

SIGNATURE AND TATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 305-447-