

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 # 334855 (4)

1. Corporation Name
WEXLER INSURANCE AGENCY INC



Principal Place of Business: 1120 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US
Mailing Address: P.O. BOX 431245 SOUTH MIAMI FL 33243-1245 US

3. Date Incorporated or Qualified: 09/11/1968
3a. Date of Last Report: 01/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1219972	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
	30. Country		

9. Name and Address of Current Registered Agent

WEXLER, MICHAEL J
7970 S.W. 145TH ST.
MIAMI FL 33158

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12. PD	WEXLER, MICHAEL J	7970 S.W. 145TH ST.	MIAMI FL	<input type="checkbox"/> DELETE
12. VSD	WEXLER, JUDITH	7970 S.W. 145TH ST.	MIAMI FL	<input type="checkbox"/> DELETE
12. TD	GALARDI, MINNA	11541 D SW 109TH RD	MIAMI FL	<input type="checkbox"/> DELETE
12. VD	WEXLER, STEVEN M.	12200 SW 70TH COURT	MIAMI FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 2. NAME	
13. 3. STREET ADDRESS	
13. 4. CITY - ST - ZIP	
13. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 6. NAME	
13. 7. STREET ADDRESS	
13. 8. CITY - ST - ZIP	
13. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 10. NAME	
13. 11. STREET ADDRESS	
13. 12. CITY - ST - ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 14. NAME	
13. 15. STREET ADDRESS	
13. 16. 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: *[Signature]* WEXLER, MICHAEL PRESIDENT/DIRECTOR 2/22/96 (305)445-5050

CR2E034 (12/95)