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**Feb 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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: **02/27/1996**
4. FEI Number: **59-1219972** 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

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

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 State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	Chairman/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEXLER, MICHAEL J	
1.3 STREET ADDRESS	7970 S.W. 145th ST.	
1.4 CITY-ST-ZIP	MIAMI, FL 33158	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WASSERMAN, GARY J	
2.3 STREET ADDRESS	1085 N.W. 164th Ave.	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
3.1 TITLE	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEXLER, STEVEN M	
3.3 STREET ADDRESS	12200 S.W. 70th CT.	
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wexler, Judith G.	
4.3 STREET ADDRESS	7970 S.W. 145th ST.	
4.4 CITY-ST-ZIP	Miami, FL 33158	
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 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: *[Signature]* 2/19/97 305-445-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)