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Jan 22 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 # 403515

(0)

1. Corporation Name

COLE UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

2240 PLAM BEACH LAKES BLVD  
SUITE 400  
W. PALM BEACH FL 33409  
US

P.O. BOX 3266  
W. PALM BEACH FL 33402-3266  
US



3. Date Incorporated or Qualified  
06/20/1972

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, JOSEPH H., JR.  
2240 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLE JR, JOSEPH H	
STREET ADDRESS	2240 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALDWELL, MANLEY P.	
STREET ADDRESS	324 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLIS, SHARON L	
STREET ADDRESS	2240 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SORY, J. R JR	
STREET ADDRESS	2240 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, RAYMOND W. JR.	
STREET ADDRESS	2240 PALM BEACH LAKE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (561) 683-8320

Date

Daytime Phone #

0342084

CR2E034 (9/96)