

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:14

DOCUMENT # 492914 (7)
1. Corporation Name
ARDEN INSURANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2911 CARDINAL DR. VERO BEACH FL 32963 US
Mailing Address: P.O. BOX 3488 VERO BEACH FL 32964-3488 US

3. Date Incorporated or Qualified: 12/22/1975
3a. Date of Last Report: 01/19/1994
4. FBI Number: 59-1637866
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
MOSS, GEORGE H.
817 BEACHLAND BLVD
VERO BEACH FL

10. Name and Address of New Registered Agent
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 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 his or her spouse) (607.1500, Florida Statutes) (signature required when appointing) (607.1500, Florida Statutes)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARDEN JR., HAMILTON G.
STREET ADDRESS	2911 CARDINAL DR
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD
NAME	WADDELL, BECKETT E.
STREET ADDRESS	2911 CARDINAL DR
CITY-ST-ZIP	VERO BEACH FL
TITLE	VPD
NAME	WALLACE, SCOTT C.
STREET ADDRESS	2911 CARDINAL DR
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Scott C. Wallace* Scott C. Wallace 1/12/94 407-231-2828
Signature (typed or printed name of signing officer) on this date (Date)