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Mar 05 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 # 515336 (6)

1. Corporation Name
ILER, WALL & SHONTER, INSURANCE, INC.



Principal Place of Business
800 49TH STREET N.
ST PETERSBURG FL 33710
US

Mailing Address
PO BOX 14448
ST. PETERSBURG FL 33733-4448
US

3. Date Incorporated or Qualified 09/29/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 50-1711216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
WALL, JAMES KIPPS
800 49TH STREET N.
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	ILER, RICHARD LEE
STREET ADDRESS	800 49TH STREET N.
CITY - ST - ZIP	ST PETERSBURG FL 33710
TITLE	VD <input type="checkbox"/> DELETE
NAME	WALL, JAMES KIPPS
STREET ADDRESS	800 49TH STREET N.
CITY - ST - ZIP	ST PETERSBURG FL 33710
TITLE	S <input type="checkbox"/> DELETE
NAME	SHONTER, CLAIRE
STREET ADDRESS	800 49TH STREET N.
CITY - ST - ZIP	ST PETERSBURG FL 33710
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHONTER, RICHARD J
STREET ADDRESS	800 49TH STREET N.
CITY - ST - ZIP	ST PETERSBURG FL 33710
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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan B. Antekheier
1.3 STREET ADDRESS	800-49th St. N.
1.4 CITY - ST - ZIP	St. Petersburg, FL 33710
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard J. Busch
2.3 STREET ADDRESS	800-49 St. No
2.4 CITY - ST - ZIP	St. Petersburg, FL 33710
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W. Allen Klutts Jr.
3.3 STREET ADDRESS	800 49th St. N.
3.4 CITY - ST - ZIP	St. Petersburg Fl. 33710
4.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John P. Coggeshall
4.3 STREET ADDRESS	800 49th St N
4.4 CITY - ST - ZIP	St. Petersburg, FL 33710
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: *James Kipps* 2-28-97 813-327-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)