

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **534521** (0)
1. Corporation Name
ACTUARIAL RESEARCH & DEVELOPMENT CORP.



Principal Place of Business 2140 S. DIXIE HIGHWAY MIAMI FL 33133	Mailing Address 2140 S. DIXIE HIGHWAY MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/07/1977	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-1738777	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDBERG, MICHAEL C.
8555 PONCE DE LEON RD.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MICHAEL C.	
STREET ADDRESS	8555 PONCE DE LEON RD.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MURO, KATHLEEN	
STREET ADDRESS	407 S.E. 7 ST.	
CITY-ST-ZIP	DANIA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, CINDY L	
STREET ADDRESS	8555 PONCE DE LEON RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STROUD, CHRISTINE	
STREET ADDRESS	7420 SW 162ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	KENNEDY, DOUGLAS	
STREET ADDRESS	12940 CORONADO TERR.	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLEISCHMAN, RICHARD	
STREET ADDRESS	75 BREAKNECK HILL ROAD	
CITY-ST-ZIP	SOUTHBORO MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PICK, EDWARD
1.3 STREET ADDRESS	2417 N. GREENWAY DR
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRKE, BEVERLY
2.3 STREET ADDRESS	5600 SW 95 ST
2.4 CITY-ST-ZIP	MIAMI, FL 33156
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALVAREZ, CESAR
3.3 STREET ADDRESS	1221 BRICKELL, AVE., 22ND FLOOR
3.4 CITY-ST-ZIP	MIAMI, FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NIERENBERG, BRUCE
4.3 STREET ADDRESS	774 GLEN GARRY DR.
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCHIFF, ALBERT J.
5.3 STREET ADDRESS	263 TRESSER BLVD, 10TH FLOOR
5.4 CITY-ST-ZIP	STAMFORD, CT 06901
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

[Handwritten Signature] 3.5.95.82.88

CR2E034 (4/97)