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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # 57508 Name INSURANCE, INC.	86 (4)			
Principal Place	of Business	Mailing Address			
2500 N POWERLINE ROAD POMPANO BEACH FL 33069		2500 N POWERLINE ROAD POMPANO BEACH FL 33069			
		<u> </u>		3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1978 03/16/1995	
2. Principal Pla	ce of Business	<b>2a.</b> Mailing Address		4. FEI Number Applie	d For
Suite, Apt. #	. etc.	Suite, Apt. #, etc.			pplicable
2	,	27		5. Certificate of Status Desired \$8.75 Add Fee Regul	
City & State		City & State		6. Election Campaign Financing \$5.00 Ma	
3		28		Trust Fund Contribution Added to F	
Zip 4	Country 25	Zip	Country	8. This corporation has liability for intangible tax under s. 199.0	032,
<b></b>	9. Name and Address of Curren	1 Registered Agent	[30]	Florida Statutes Yes No	
		The state of the s	81 Name	10. Name and Address of New Registered Agent	
KANE,	PATTIE J.		00	T) A I	
	ORTH POWERLINE ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
POMPA	NO BEACH FL 33069		83		
			<u>-</u>		
			1 B4 1 City		
11. Pursuant to or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Florio	and 607,1508, Florida Statu la Such change was authori	tes, the above named corporation's box	FL 85 Zip Cod	
SIGNATURE	the provisions of Sections 607.0502 d agent, or both, in the State of Floric n, and accept the obligations of, Section speaking, typed or printed name of registered agent			oration submits this statement for the purpose of changing its registe and of directors. I hereby accept the appointment as registered agen	
SIGNATURE s		and the if applicable (N DIRECTORS	ites, the above named corporation's boats.	ration submits this statement for the purpose of changing its registe and of directors. I hereby accept the appointment as registered agen	red offic t. I arn
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SIGNATURE:

3/19/96 (954)9795855