

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 612900 (1)  
1. Corporation Name  
PROGRAM UNDERWRITERS, INC.



Principal Place of Business Mailing Address  
3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066-1616  
US

DO NOT WRITE IN THIS SPACE

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	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 03/07/1979	
4. FEI Number 59-1906076	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
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 BUTO, LAWRENCE J. % PROGRAM UNDERWRITERS 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066		10. Name and Address of New Registered Agent 81 Name ZISSELMAN, ARNOLD % Program Underwriters 82 Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PARKWAY 83 84 City Coconut Creek FL 85 Zip Code 33066	
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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 for 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 *ARNOLD ZISSELMAN* 4/23/98  
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	BUTO, DONNA M.
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	4200 N.W. 101 DRIVE
TITLE	NAME	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	CST
CITY-ST-ZIP	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	2.4 CITY-ST-ZIP	33065
CITY-ST-ZIP	CITY-ST-ZIP	3.1 TITLE	
TITLE	NAME	3.2 NAME	BUTO, STEPHEN
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	11184 LAKE VIEW DRIVE
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	
CITY-ST-ZIP	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I 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 in changed, or on an attachment with an address.

SIGNATURE *Donna M. Buto* Donna M. Buto uha/ea (980) 928-9880

CR2E034 (10/97)