FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **648467** **(9)**

1. Corporation Name

MARSHALL HOWARD INSURANCE AGENCY, INC.

Principal Place of Business

2560 RCA BLVD STE 111
PALM BCH GARDENS FL 33410

Mailing Address

2560 RCA BLVD STE 111
PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified: **12/17/1979**

3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-1960914**

[ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business

21
22 Street Address
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Street Address
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HOWARD, MARSHALL
2560 RCA BLVD, STE 111
PALM BEACH GARDENS FL 33410

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 607.1508, 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 — DATE

12. OFFICERS AND DIRECTORS

[ ] DELETE
PTD
HOWARD, MARSHALL
556 OVERLOOK DRIVE
N PALM BEACH FL

[ ] DELETE
VS
HOWARD, NANCY
556 OVERLOOK DRIVE
N PALM BEACH FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP — [ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP — [ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP — [ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP — [ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP — [ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Marshall Howard — Marshall Howard — 1/22/96 — 407-622-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)