

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743976 (3)
1. Corporation Name
FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION



Principal Place of Business C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399		Mailing Address C/O THE FLORIDA BAR 650 APALACHEE PARKWAY TALLAHASSEE FL 32399	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/18/1978		4. FEI Number 59-1932693	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 FERDIE, ANSLEE R. 717 PONCE DE LEON SUITE 215 CORAL GABLES FL 33134		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, GREGORY G.	1.2 NAME	
STREET ADDRESS	5318 BALSAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERDIE, ANSLEE R.	2.2 NAME	
STREET ADDRESS	717 PONCE DE LEON, #215	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFRESNE, ELIZABETH	3.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD#4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, G. DAN	4.2 NAME	
STREET ADDRESS	650 APALACHEE PKY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RAYFORD H	5.2 NAME	
STREET ADDRESS	317 N. CALHOUN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, RAFAEL	6.2 NAME	
STREET ADDRESS	2050 CORAL WAY, S-304	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-7-94 850-561-5600

CR2E037 (1/97)

FLIC BOARD OF DIRECTORS

7.1	TITLE	S/D	
7.2	NAME	Garrett, William R.	
7.3	STREET ADDRESS	Post Office Box 2466 <i>N/A</i>	CHANGE
7.4	CITY-ST-ZIP	Panama City, Florida 32401	
8.1	TITLE	D	
8.2	NAME	Murphy, William F., III	
8.3	STREET ADDRESS	4770 Biscayne Boulevard, Suite 960	
8.4	CITY-ST-ZIP	Miami, Florida 33137	
9.1	TITLE	D	
9.2	NAME	Nelson, Debra S.	
9.3	STREET ADDRESS	105 East Robinson Street, Suite 301	CHANGE
9.4	CITY-ST-ZIP	Orlando, Florida 32801	
10.1	TITLE	D	
10.2	NAME	Shear, L. David	
10.3	STREET ADDRESS	201 East Kennedy Boulevard, Suite 1000	
10.4	CITY-ST-ZIP	Tampa, Florida 33602-5117	
11.1	TITLE	D	
11.2	NAME	Sisselman, Murray	
11.3	STREET ADDRESS	UTD, 2929 Southwest 3rd Avenue	
11.4	CITY-ST-ZIP	Miami, Florida 33129	
12.1	TITLE	D	
12.2	NAME	Weiner, Susan	
12.3	STREET ADDRESS	DCPS, 1500 Biscayne Boulevard, Suite 127	
12.4	CITY-ST-ZIP	Miami, Florida 33132	
13.1	TITLE	D	
13.2	NAME	Wheeler, Harold A.	
13.3	STREET ADDRESS	6695 Southwest 112th Street	
13.4	CITY-ST-ZIP	Miami, Florida 33156	
14.1	TITLE	V/D	
14.2	NAME	Williams, Gerald A.	
14.3	STREET ADDRESS	1450 Northeast 2nd Avenue, Suite 552	
14.4	CITY-ST-ZIP	Miami, Florida 33132	