


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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844330** (1)
1. Corporation Name
CAMPBELL INSURANCE AGENCY OF FLORIDA, INC.



Principal Place of Business 325-84TH ST., S.W. P.O. BOX 1788 (GRAND RAPIDS, MI 49501) BYRON CENTER MI 49315	Mailing Address 325-84TH ST., S.W. P.O. BOX 1788 (GRAND RAPIDS, MI 49501) BYRON CENTER MI 49315
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DO NOT WRITE IN THIS SPACE

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 10/10/1979	
		4. FEI Number 59-2004506		Applied For Not Applicable	
		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	
		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WABECKE, MARK			1.2 NAME	WABECKE, MARK (SPELLING OF LAST NAME)		
STREET ADDRESS	3024 RENATTA DR.			1.3 STREET ADDRESS	same		
CITY-ST-ZIP	BELL BAIR BLUFFS FL			1.4 CITY-ST-ZIP	same		
TITLE	TS	<input type="checkbox"/> DELETE		2.1 TITLE	VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN DAM, WAYNE			2.2 NAME	same		
STREET ADDRESS	3685 146TH ST.			2.3 STREET ADDRESS	same		
CITY-ST-ZIP	HAMILTON MI			2.4 CITY-ST-ZIP	same		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN DAM, WAYNE			3.2 NAME			
STREET ADDRESS	3685 146TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HAMILTON MI			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNABY, MERLE S.			4.2 NAME			
STREET ADDRESS	9750 KALAMAZOO			4.3 STREET ADDRESS			
CITY-ST-ZIP	CALEDONIA MI			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINNERER, EDWARD M.			5.2 NAME			
STREET ADDRESS	1820 WATERBURY			5.3 STREET ADDRESS			
CITY-ST-ZIP	GRAND RAPIDS MI			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	CHRISTOPHER DIEPENHORST		
STREET ADDRESS				6.3 STREET ADDRESS	9151 BLUFF LAKE ST		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ZEELAND MI 49464		

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 if changed, or on an attachment with an address.

SIGNATURE: *Christopher Diepenhorst* 2/24/98 (616) 878-0351

CR2E034 (10/97)