FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

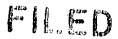
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

DOCUMENT # B95000000286

PALOMAR INSURANCE BROKERAGE OF FLORIDA, LTD.



97 MAR 19 PM 3: 23

SECRETARY OF STATE TALLAHASSEE FLORIDA



	Principal Office Address		3. Dale Formed or Registered	5a. Capita Show	al Contributions as n on record.
4528 EXECUTIVE PARK DRIVE	4525 EXECUTIVE PARK DRIVE		08/04/1995	\$0.00	
MONTGOMERY AL 36116 2. Malling Address	MONTGOMERY AL 36116		3a. Date of Last Report		Ψ0.00
			12/20/1995	5b. Amou	ibutions in FLORIDA
	28. Principal Office Address		4. State or Country of Formation	to dat	e: '
ulte, Apt. #, etc.	Suite, Apt. #, etc.		AL 6. FEI Number	<u> </u>	
			63-1142738		Applied For Not Applicable
ity & State	City & State		7. Certificate of Status Desired		\$8.75 Additional Fee Required
ip Country	Zip	Country	8. Make check payable to: Dept		
				F	F 191,25
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office LOCAL			
C T CORPORATION SYSTEM		Name	Nation of the second of the se		1
1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)			
PLANTATION FL 33324		Suite, Apl. #, etc.	M 1/1		
	City		El Zip Code		
Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regent. I am familiar with, and accept the obligations.	egistered agent, or both, in the State of Flori	d limited partnership org	anized or registered under the laws of uthorized by its general partner(s). The	the State of Flori preby accept the	da, submils this stateme
for the purpose of changing its registored office or regent. I am familiar with, and accept the obligations IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistered agont, or both, in the State of Flori of section 620.192, Florida Statutes.	d limited partnership org ida. Such change was a	uthorized by its general partner(s). The DATI	the State of Flori preby accept the	da, submils this stateme appointment of register
for the purpose of changing its registored office or regent. I am familiar with, and accept the obligations structured (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	egistered agont, or both, in the State of Flori of section 620.192, Florida Statutes.	d limited partnership org ida. Such change was a .IMITED PAR D ACTIVE WI	uthorized by its general partner(s). The DATI	the State of Flori preby accept the	da, submils this stateme appointment of registere
for the purpose of changing its registored office or regent. I am familiar with, and accept the obligations structured (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	egistered agont, or both, in the State of Flori of section 620, 192, Florida Statutes. IS A CORPORATION, L T BE REGISTERED ANI	d limited partnership orgida. Such change was a such change with the such change was a such change with the such change was a such chan	DATE THE THIS OFFICE.	the State of Flori preby accept the F	da, submils this stateme appointment of registers NESS ENTIT Registration/
egent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s)	egistered agont, or both, in the State of Flori of section 620, 192, Florida Statutes. IS A CORPORATION, L T BE REGISTERED ANI 11a. (Do NOT Use Post Office Bo	d limited partnership orgida. Such change was a such change with the such change was a such change with the such change was a such chan	TNERSHIP OR OTHITH THIS OFFICE. City, State & Zip Code NONTGOMERY AL 38116	the State of Flori preby accept the F. ER BUSII 11c. FS	da, submils this stateme appointment of registers NESS ENTIT Registration/ Document Number

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath, if further certify that I am a General Partner of the limited partnership, receiver or trusted

DATE ____ 12/9/96

(334) 409-3140