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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F51115

(6)

THE INSURANCE CENTER OF BROWARD, INC. Principal Place of Business Mailing Address 202 N FLAGLER AVE POMPANO BCH FL 33060 US US				3. Date Incorporated or Qualified Sa. Date of Last Report 04/23/1996			
• Principal D	Place of Business	2a, Mailing Address		10/23/1981 4. FEI Number	U4/2		
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II Suite, Apt	# elc	Suite, Apt. #, etc		38 2 100000			lot Applicable Additional
2		27		5. Certificate of Status Desired			Sequired
City & Stat	€	City & State		6. Election Campaign Financing		\$5.00) May Be
3]		28		Trust Fund Contribution			to Fees
Ζιρ ግ	Country	Zip	Country	8. This corporation has liability for it			s. 199.032,
1	25] 9. Name and Address of Curren	29	30	Florida Statutes L 10. Name and Address of New Reg	Yes		
^^1		ir negistered Agent	B1 Name	30, Name and Address of New Yes	Alaraian w	gent	
GOULAS, LUCY 202 N. FLAGLER AVE. POMPANO BEACH FL 33060			82 Street Add	dress (P.Ö. Box Number is Not Acceptab	le)		
			84 City		FL	85 Zip	Code
		0 - 1 CO2 1500 Flands Ch	tutes the should period on	progration submits this statement for the p		changing	its registered
 Pursuant office or r agent. La 	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	i of Florida. Such change wa ations of Section 607.0505,	is authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accep	t the appoi	intment a:	s registered
11. Pursuant office: or r agent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State or familiar with, and accept the obligation, based as prefer taken of registered age. OFFICERS AN	ent and title Jappelcable (N D. EVRECTORS	as authorized by the corpora Florida Statutes. KOTE. Registered Agent signature req.		DATE ERS AND I	DIRECTO	, RS IN 12
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