

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F60991 (9)
1. Corporation Name
FINWALL & ASSOCIATES INSURANCE, INC.



Principal Place of Business
1455 HOWELL BRANCH ROAD
WINTER PARK FL 32789

Mailing Address
1455 HOWELL BRANCH ROAD
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 940 North Ferncreek Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P O Box 531067 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1982	
22 City & State 23 Orlando, Florida Zip Country 24 32803 25 Orange		27 City & State 28 Orlando, Florida Zip Country 29 32853-1067 30 Orange		4. FEI Number 59-2148031 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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	
7. Additional Fee Required \$8.75		8. Additional Fee Required \$5.00			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS C FINWALL
111 E. WEBSTER AVE.
WINTER PARK FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change	Addition	
NAME	FINWALL (THOMAS C.)			1.2 NAME			
STREET ADDRESS	111 WEBSTER AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change	Addition	
NAME	FINWALL (COLLEEN M.)			2.2 NAME			
STREET ADDRESS	111 WEBSTER AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			2.4 CITY-ST-ZIP			
TITLE	VTS	DELETE		3.1 TITLE	Change	Addition	
NAME	ULRICH, COLLEEN R			3.2 NAME			
STREET ADDRESS	230 DONEGAL AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Thomas C. Finwall*

CR2E034 (10/97)