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FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94815 (0)

1. Corporation Name  
CARRIER SERVICE INSURANCE, INC.

Principal Place of Business  
20915 N.W. 2ND AVENUE  
PO BOX C  
MIAMI FL 33169-2105

Mailing Address  
P O BOX 69000  
MIAMI FL 33269  
US



3. Date Incorporated or Qualified 08/16/1982 3a. Date of Last Report 01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O Box 69000C

22 City & State

27 City & State  
MIAMI, FL

23 Zip Country

28 33269 USA

4. FEI Number 59-2253863 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASHMAN, WILLIAM  
20915 NW 2ND AVENUE  
MIAMI FL 33269

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	CASHMAN, EDWARD J	
STREET ADDRESS	54 ASH DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	DELETE
NAME	CASHMAN, VIVIAN	
STREET ADDRESS	54 ASH DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	DELETE
NAME	CASHMAN, JOHN W	
STREET ADDRESS	3288 BEECHBERRY CIRCLE	
CITY-ST-ZIP	DAVE FL	
TITLE	DP	DELETE
NAME	CASHMAN, WILLIAM E	
STREET ADDRESS	56 ASH DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97 305-652-9990

Date Daytime Phone #

CR2E034 (9/96)