1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003165 (5)

FILED

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SECRETARY OF STATE

City & State or Provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits in statement for the purpose of changing its registered agent. In this corporation was or has paid the current year imanipular property Tax disc ulpne 30			Mailing Address CNA PLAZA, 43S CHICAGO IL 60685		TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE		
Sulfa, Apt #, etc. 22 27 Statutory Reporting-21S 5. Certificator of Status Desired \$8.75 Additional Property \$8.75 Additional					06/21/1996	3a. Date of Last	Report
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Section Property Text due June 30 1 yes				O			
PLANTATION FL 33324 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 E3 E4 City FL SS Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. SIGNATURE Signature D0 FFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TIRE D1 Fine D1 Fin		L '	·			, , ,	
11. Pursuant to the provisions of Sections 607 0502 and 607.1506. Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sections 607 0505 and 607.1506. Florida Statules agent, and firmfaller with, and accept the obligations of, Section 607 0505. Florida Statules agent, and firmfaller with, and accept the obligations of, Section 607 0505. Florida Statules agent, and firmfaller with, and accept the obligations of, Section 607 0505. Florida Statules agent, and firmfaller with, and accept the obligations of, Section 607 0505. Florida Statules SIGNATURE Signature, typed or pretion terms of registered agent agent agent agent, and accept the obligations of, Section 607 0505. Florida Statules Title DC OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DC OHA PLAZA, 408 13. SIRET ADDRESS CHICAGO IL 60885 14. CITY ST-2P WHYTHICH, JAE L CHA PLAZA, 408 13. SIRET ADDRESS CHA PLAZA 23. SIRET ADDRESS CHA PLAZA 24. SIRET ADDRESS CHA PLAZA C	27 000			30, 00			<u> </u>
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	120	O SOUTH PINE ISLAND ROAD		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS DO OFFICERS AND DIRECTORS INDIFFERENCES OFFICERS AND DIRECTORS INDIFFERENCES OFFICERS AND DIRECTORS INTILE NAME STREET ADDRESS CHY-ST-ZIP TITLE OFFICERS AND DIRECTORS INTILE DV DELETE 12 NAME NAME STREET ADDRESS CHY-ST-ZIP TITLE DP OFFICERS AND DIRECTORS INTILE DV DELETE 13 TITLE DP OFFICERS AND DIRECTORS IN 12 12 NAME 13 SIREET ADDRESS CHY-ST-ZIP TITLE DP OFFICERS AND DIRECTORS IN 12 14 CITY-ST-ZIP TITLE DV DELETE 21 TITLE DP OFFICERS AND DIRECTORS IN 12 12 NAME 13 SIREET ADDRESS CHAPADA 448 23 SIREET ADDRESS CHAPADA 448 CHY-ST-ZIP TITLE V ORA PLAZA 43S CHICAGO IL 60685 CHICAGO				84 City		85 Zi	p Code
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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 if changed, or on an attachment with an address.

CVALCED NO DE CONTRE LA DE PIENCE



CNA Plaza Chicago IL 60685-0001

July 29, 1997

Florida Department of State Sandra B. Mortham, Secretary of State Division of Corporation Attn: Annual Report Department Post Office BOX 6327 Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

Dear Ms. Mortham:

Enclosed are the completed Annual Report Form and the required filing fee for the above company.

Financial Brokerage, Inc.

\$165.00

CNA Health Partners, Inc.

\$165.00

If you have any questions or concerns, please feel free to contact me.

Very truly yours,

NOTE: We did not receive the original invoice. Per Carol Anderson of Florida Ins. Dept. to pay \$165 only per company.

Milagros H. Cruz Manager

Statutory Reporting - 21S

Milagras H. Ca

(312) 822-4650