

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004546 (5)**

**1. Corporation Name  
TARGET INSURANCE SERVICES CORPORATION**



Principal Place of Business <b>100 GARDEN CITY PLAZA GARDEN CITY NY 11530</b>	Mailing Address <b>100 GARDEN CITY PLAZA GARDEN CITY NY 11530-3203</b>
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<b>3. Date Incorporated or Qualified</b> 09/03/1996	<b>3a. Date of Last Report</b>
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
21 <b>2650 No. Military Trail</b> Suite, Apt. #, etc.	26 <b>2650 No. Military Trail</b> Suite, Apt. #, etc.
22 <b>230</b> City & State	27 <b>230</b> City & State
23 <b>Boca Raton, FL</b> Zip Country	28 <b>Boca Raton, FL</b> Zip Country
24 <b>33431</b>	29 <b>33431</b> 30

<b>4. FEI Number</b> 11-3277013	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTTLER, MARK</b>	1.2 NAME	<b>Kotler Mark</b>
STREET ADDRESS	<b>118 DEERFIELD LANE N.</b>	1.3 STREET ADDRESS	<b>2650 No. Military Trail, #230</b>
CITY - ST - ZIP	<b>PLEASANTVILLE NY 10570</b>	1.4 CITY - ST - ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMS, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>1202 LEXINGTON AVE., #174</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10028</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEENAN, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>47 HIGH ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>E. RUTHERFORD NJ 07073</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.**

**SIGNATURE:** *Steven E. Sims*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/4/97** Daytime Phone # **0005772**

CR2E034 (9/96)