

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90215 028 ***150.00

DOCUMENT # F96000006699

1. Corporation Name
CONTIINSURANCE AGENCY, INC.



Principal Place of Business
338 S WARMINSTER RD
HATBORO PA 19040-3430
US

Mailing Address
338 S WARMINSTER RD
ATTN LEGAL DEPT
HATBORO PA 19040-3430
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29

3. Date Incorporated or Qualified
12/20/1996

4. FEI Number
23-2868487

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

TITLE DELETE

D
NAME **BABJAK, ROBERT**
STREET ADDRESS **500 ENTERPRISE RD**
CITY-ST-ZIP **HORSHAM PA 19044**

S
NAME **DECANDIA, ROBERT F**
STREET ADDRESS **338 S WARMINSTER RD**
CITY-ST-ZIP **HATBORO PA 19040**

P
NAME **WILLARD, HAL**
STREET ADDRESS **500 ENTERPRISE RD**
CITY-ST-ZIP **HORSHAM PA**

SVP
NAME **GIBBONS, MARY LOURDES**
STREET ADDRESS **338 S WARMINSTER RD**
CITY-ST-ZIP **HATBORO PA 19040**

D
NAME **EGAN, DANIEL J**
STREET ADDRESS **338 S WARMINSTER RD**
CITY-ST-ZIP **HATBORO PA 19040**

T
NAME **MEEHAN, JOSEPH**
STREET ADDRESS **338 S WARMINSTER RD**
CITY-ST-ZIP **HATBORO PA 19040**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **338 S. Warminster Road**

1.4 CITY-ST-ZIP **Hatboro, PA 19040-3430**

2.1 TITLE Change Addition

2.2 NAME **James G. Panero**

2.3 STREET ADDRESS **338 S. Warminster Road**

2.4 CITY-ST-ZIP **Hatboro, PA 19040-3430**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS **338 S. Warminster Road**

3.4 CITY-ST-ZIP **Hatboro, PA 19040-3430**

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 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, with all other like empowered.

SIGNATURE: *Hal Willard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hal Willard, President

4/5/99

Date

Daytime Phone #

CR2E034 (1.1/98)