

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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H51411 (7)

1. Corporation Name
INSURANCE STORE, INC.



Principal Place of Business 7501 NW 4 ST 210 PLANTATION FL 33317 US	Mailing Address 7501 NW 4 ST. 210 PLANTATION FL 33317-2236 US
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3. Date Incorporated or Qualified 04/04/1985	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2540047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CARY, ELTON M.
720 NW 69 ST.
12W TOWER
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4000 TOWERSIDE TERR # 501
83 City
MIAMI FL 85 Zip Code
33138

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SPOONER, NANCY J.
STREET ADDRESS	400-402 NE 108TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	CARY, ELTON M.
STREET ADDRESS	720 NW 69ST 12W TOWER
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARY, IRENE
STREET ADDRESS	720 NE 69ST 12W TOWER
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COKE, L. A
STREET ADDRESS	750 NW 4ST 210
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4000 TOWERSIDE TERR #501
2.4 CITY-ST-ZIP	MIAMI, FL 33138
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARY, IRENE
3.3 STREET ADDRESS	4000 TOWERSIDE TERR # 501
3.4 CITY-ST-ZIP	MIAMI, FL 33138
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7501 NW 4 ST # 210
4.4 CITY-ST-ZIP	PLANTATION, FL 33317
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRES & SECRETARY
5.3 STREET ADDRESS	CAROLYN B. POLLOCK
5.4 CITY-ST-ZIP	1249 NW 7 ST BOCA RATON, FL 33486
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn B. Pollock* **CAROLYN B. POLLOCK** 4/25/97 954-583-3777
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)