

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

FILED

Apr 25 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
---	---	---

DOCUMENT # **J32730** (0)

1. Corporation Name  
**ASSOCIATION EMPLOYERS MGA, INC.**



Principal Place of Business <b>260 WEKIVA SPGS.ROAD P.O.BOX 161629 LONGWOOD FL 32779</b>	Mailing Address <b>260 WEKIVA SPGS.ROAD P.O.BOX 161629 LONGWOOD FL 32779-3606</b>
---	--

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	3. Date Incorporated or Qualified <b>09/11/1986</b>	3a. Date of Last Report <b>04/06/1996</b>
		4. FEI Number <b>59-2739281</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLASTIC, NANCY A 260 WEKIVA SPGS RD LONGWOOD FL 32779</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>P</b>	<input checked="" type="checkbox"/> DELETE <b>JASMUND, DAVID 916 SEVILLE PLACE ORLANDO FL 32804</b>	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Donald Mark Olson 2326 Spicewood Ct Dunedin FL 34698</b>
TITLE <b>COO</b>	<input checked="" type="checkbox"/> DELETE <b>SMITH, BOBBY R. 1306 RICHMOND ROAD WINTER PARK FL 32789</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>AT</b>	<input type="checkbox"/> DELETE <b>WILLIS, DAVID L. 1481 RIVERA DR KISSIMMEE FL 34744</b>	3.1 TITLE <b>TVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David L. Willis 1401 Riveria Dr Kissimmee FL 34744</b>
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE <b>TAYLOR, MARY R 890 E LAKE SUE AVENUE WINTER PARK FL 32789</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>DONNELLY, CLIFFORD W. 13071 MAR STREET CORAL GABLES FL 33126</b>	5.1 TITLE <b>ATD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Clifford W. Donnelly 13071 Mar Street Coral Gables FL 33126</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>BLASTIC, NANCY A 658 ANDOVER CIRCLE WINTER SPRINGS FL 32708</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy A. Blastic* **Nancy A. Blastic** 2/21/97 (407) 788-1777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)