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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

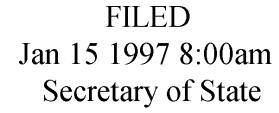
1997

DOCUMENT # **J59065** (9)

MARY A. HARRISON, INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address





% W. BENTON HARRISON 561 S. COUNTRY CLUB DR ATLANTIS FL 33462		% W. BENTON HARRISON 561 S. COUNTRY CLUB DR ATLANTIS FL 33462-1226		Date Incorporated or Qualified	3a. Date of Last Report	
					02/24/1987	04/03/1996
	Place of Business // 7	2a. Mailing Address	1-		4. FEI Number	Applied For
	G FOREST HILBUT	·	#5	$\supset I$	59-2815674	Not Applicab
Suite, Apt 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State PALL BEACH, FC 28 City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33406 25 PALIN BCH 29 30				′ 		Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	gistered Agent
	RRISON, W. BENTON		[°'			
561 S. COUNTRY CLUB DR ATLANTIS FL 33462				82 Street Address (P.O. Box Number is Not Acceptable) 83		
			83			
			84	City		FL 85 Zip Code
office or i	to the provisions of Sections 697.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	f Florida. Such change was au	thorized b	y the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registere t the appointment as registered
SIGNATURE	69	ALOTE I	Our internal Am	2	ired when reinstating)	DATE
12.	Signature: type-d or printed harrie of regil to rold agreed OFFICERS AND		13.	en signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	HARRISON, W. BENTON		1.2 NAME			
STREET ADDRESS	561 S. COUNTRY CLUB DR		1.3 STREE	ADDRESS		
CITY - ST - ZIP	ATLANTIS FL		1.4 CITY-	ST-ZIP		
TITLE	D	DELETE	2 1 TITLE			Change Addition
NAME	HARRISON, MARY A.		22 NAME	ľ		
STREET ADDRESS	561 S. COUNTRY CLUB DR			T ADDRESS		
CITY-ST-ZIP TITLE	ATLANTIS FL	DELETE	2.4 CITY - 3.1 TITLE	ST-ZIP	**	Change Addition
NAME			3.2 NAME			end or mige part (totall)
STREET ADDRESS	1			T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME	1		4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADORESS		
CITY-ST-7IP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	. Appearer		
STREET ADDRESS			1	T ADDRESS		
CITY+ST-ZIP TITLE		DELETE	5.4 DiTY-	SI-ZIP		Change Addition
NAME		La Decet	6.2 NAME			CT disease CT votette
STREET ADDRESS				1 ADDRESS		
CITY ST-ZIP			6.4 CITY-	ĭ		

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 or an attachment with an address.

SIGNATURE: