

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J63371** (5)

1. Corporation Name
INSURERS TECHNICAL SERVICES, INC.



Principal Place of Business: **55 ALHAMBRA PLAZA CORAL GABLES FL 33134**
Mailing Address: **P.O. BOX 149061 CORAL GABLES FL 33114-9061**

3. Date Incorporated or Qualified 03/24/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2833954	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**MARSHALL, JOHN D
INSURERS TECHNICAL SERVICES
55 ALHAMBRA PLAZA
CORAL GABLES FL 33134**

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

Signature typed or printed name of registered agent and client, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	CHAFFIN, RANDELL C
STREET ADDRESS	55 ALHAMBRA PLAZA
CITY- ST- ZIP	CORAL GABLES FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	MARSHALL, JOHN D
STREET ADDRESS	55 ALHAMBRA PLAZA
CITY- ST- ZIP	CORAL GABLES FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GORDON, NANCY P
STREET ADDRESS	55 ALHAMBRA PLAZA
CITY- ST- ZIP	CORAL GABLES FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	GRABO, ANDERS
STREET ADDRESS	ONE LIBERTY PLAZA
CITY- ST- ZIP	NEW YORK NY
TITLE	VT <input type="checkbox"/> DELETE
NAME	RODRIGUEZ-SCOTT, MARIA L
STREET ADDRESS	55 ALHAMBRA PLAZA
CITY- ST- ZIP	CORAL GABLES FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ctrl/AS
6.3 STREET ADDRESS	Oswald, Steven
6.4 CITY- ST- ZIP	55 Alhambra Plaza Coral Gables, FL 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R.C. Chaffin* **Randell C. Chaffin** 2/29/96 (305) 461-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)