


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

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Apr 29 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 # J73962 (9)

1. Corporation Name
THE BOCA RATON INSURANCE AGENCY, INC.

Principal Place of Business 7000 W PALMETTO PK RD P O BOX 2428 BOCA RATON FL 33427-9428	Mailing Address 7000 W PALMETTO PK RD P O BOX 2428 BOCA RATON FL 33427-2428
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/21/1987	3a. Date of Last Report 02/20/1996
				4. FEI Number 59-2807215	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	

9. Name and Address of Current Registered Agent CRYAN, GREGORY J. 7000 W PALMETTO PK RD SUITE B-18 BOCA RATON FL 33427				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	
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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 P <input type="checkbox"/> DELETE NAME CRYAN, GREGORY J. STREET ADDRESS 7000 W PALMETTO PK RD CITY - ST - ZIP BOCA RATON FL		1.1 TITLE T/D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE NAME BRUDNICK, JEFFREY STREET ADDRESS 100 EVERETT AVE BOX 6209 CITY - ST - ZIP CHELSEA MA		2.1 TITLE C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Mizel, Bernard H. 2.3 STREET ADDRESS 235 Pine Street, Suite 1000 2.4 CITY - ST - ZIP San Francisco, CA 94104	
TITLE S/D <input type="checkbox"/> DELETE NAME Matthew J. O'Connor STREET ADDRESS 7000 W. Palmetto Park Road, Suite B-18 CITY - ST - ZIP Boca Raton, FL 33427		3.1 TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME John Addeo 3.3 STREET ADDRESS 470 Park Avenue South, 6th floor 3.4 CITY - ST - ZIP New York, NY 10016	
TITLE D <input type="checkbox"/> DELETE NAME Karp, Michael C. STREET ADDRESS Two South University Drive, Suite 220 CITY - ST - ZIP Plantation, FL 33324		4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Jay Scarborough 4.3 STREET ADDRESS 235 Pine Street, Suite 1000 4.4 CITY - ST - ZIP San Francisco, CA 94104	

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:  **Jay Scarborough** **3/26/97** **(415) 263-2105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)