

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

FILED
Apr 17 1998 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # J85204 (2)
 1. Corporation Name
CONSOLIDATED PROPERTY & CASUALTY INSURANCE COMPA NY

Principal Place of Business: **901 PONCE DE LEON BLVD SUITE 101 600 CORAL GABLES FL 33134**
 Mailing Address: **901 PONCE DE LEON BLVD SUITE 101 600 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

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: **11/17/1988**
 4. FEI Number: **65-0131982**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
NOT REQUIRED PURSUANT TO SECTION 607.034 (2) FLORIDA STATUTES FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	FENTON, MARIA D.C.	
STREET ADDRESS	901 PONCE DE LEON #101 600	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARBONELL, RICARDO A	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NAVARRO, JORGE J.	
STREET ADDRESS	901 PONCE DE LEON #101 600	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARIA CRISTINA NAVARRO	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHELAN, WILLIAM R	
STREET ADDRESS	901 PONCE DE LEON #101	
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	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FENTON, MARIA D.C.	
1.3 STREET ADDRESS	901 PONCE DE LEON #600	
1.4 CITY-ST-ZIP	CORAL GABLES, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETCOFF, JAMES G.	
2.3 STREET ADDRESS	901 PONCE DE LEON #600	
2.4 CITY-ST-ZIP	CORAL GABLES, FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETCOFF, B. MATTHEW	
4.3 STREET ADDRESS	901 PONCE DE LEON #600	
4.4 CITY-ST-ZIP	CORAL GABLES, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILSON, CATHY J.	
5.3 STREET ADDRESS	901 PONCE DE LEON #600	
5.4 CITY-ST-ZIP	CORAL GABLES, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROONEY, DAVID	
6.3 STREET ADDRESS	901 PONCE DE LEON #600	
6.4 CITY-ST-ZIP	CORAL GABLES, FL	

14. I 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: *Maria del C Fenton*

4/7/98

CR2E034 (10/97)