


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J86974 (9) 1. Corporation Name APH PROFESSIONAL INSURANCE AGENCY, INC.			
Principal Place of Business 1840 17TH ST NW WINTER HAVEN FL 33881		Mailing Address 1840 17TH ST NW WINTER HAVEN FL 33881-1208	
2. Principal Place of Business 21 1840-17th St. NW Suite, Apt. #, etc.		2a. Mailing Address 26 same Suite, Apt. #, etc.	
22 City & State WINTER HAVEN, FL		27 City & State	
23 Zip 33881 Country PO/FL		28 Zip Country	
24 33881 25 PO/FL 29 30		3. Date Incorporated or Qualified 08/13/1987	
9. Name and Address of Current Registered Agent HICKERSON, AVA 1840 17TH ST NW WINTER HAVEN FL 33881		3a. Date of Last Report 06/21/1996	
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 <i>Ava Hickerson</i> DATE <i>4/12/97</i>		4. FEI Number 59-2848818	
12. OFFICERS AND DIRECTORS		10. Name and Address of New Registered Agent	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		81 Name <i>Ava Hickerson</i>	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		82 Street Address (P.O. Box Number is Not Acceptable) <i>1840-17th St. NW</i>	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		83	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		84 City <i>WINTER HAVEN</i> FL 85 Zip Code <i>33881</i>	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		86	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		87	
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: <i>Ava Hickerson</i> 4/12/97 941-382-6156 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)