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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **K24325**

(8)

ACCREDITED INSURANCE GRO	Mailing Address				
750 E. SAMPLE RD. POMPANO BEACH FL 33084	750 E. SAMPLE RD. POMPANO BEACH FL 3305	34-5144			
			3. Date Incorporated or Qualified 05/20/1988	3e. Date of Last Re 01/25/1996	port
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
1	26		65-0073637		Applicable
Suite, Apt. #, etc. 2	Suite, Apt.: #, etc.		5. Certificate of Status Desired	S8.75 A	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip [Country	Zip	Country	8. This corporation has liability for		199.032,
4 25	29	[30]		Yes No	
g, Name and Address of Cu	irrent Hegistered Agent	81 Name	10, Name and Address of New Re	egistered Agent	
ZELANKA, FREDRIC					
750 E. SAMPLE RD.		62 Street Add	iress (P.O. Box Number is Not Acceptal	ble)	
POMPANO BEACH FL 33064		83			
		1212			
		84 City		FL 85 Zip C	Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the 5 	.0502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the		registered
office or registered agent, or both, in the S	State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized by the corpora	tion's board of directors. I hereby acce	pt the appointment as i	regištered
,	thighting of, booker, our loose, the	mua siatutes.			
,		F: Rogistered Agent signature requ	ired when reinstating)	DATE	
SIGNATURE Squares typica a printed hance of registers	nd agent and little if applicable (NOTI		eired when reinstating) ADDITIONS/CHANGES TO OFFIG	CERS AND DIRECTOR	
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SIGNATURE

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4-29-87

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Secretary of State

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